

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 033 ****70.00

DOCUMENT # N46995
 Entity Name
MELBOURNE EAU GALLIE UNITED SOCCER ASSOCIATION, INC.

Principal Place of Business Mailing Address
301 N WICKHAM RD **PO BOX 120125**
MELBOURNE FL 32935 **WEST MELBOURNE FL 32912-0125**
US

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3103275** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCCLELLAND, CLIFTON A. JR.
700 SOUTH BABCOCK STREET
SUITE 400
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name **Franklin W. Durbin**
 Street Address (P.O. Box Number is Not Acceptable) **1443 Alberni St NW**
 City **Palm Bay** FL Zip Code **32907**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Franklin W. Durbin*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE T NAME DANEU, ELLEN <input checked="" type="checkbox"/> Delete STREET ADDRESS 1041 PIEDMONT AVENUE NE CITY-ST-ZIP PALM BAY FL 32907	
TITLE AD NAME HAYES, TOM <input type="checkbox"/> Delete STREET ADDRESS 2574 KINGSMILL AVENUE CITY-ST-ZIP MELBOURNE FL 32934	
TITLE AD NAME STERN, ERIC <input checked="" type="checkbox"/> Delete STREET ADDRESS 5305 LAGUNA VISTA DR CITY-ST-ZIP HOSFORD FL 32334	
TITLE SD NAME CHAPMAN, MARK <input type="checkbox"/> Delete STREET ADDRESS 2906 PABLE CREEK STREET CITY-ST-ZIP MELBOURNE FL 32935	
TITLE P NAME IEZZI, STEVE <input checked="" type="checkbox"/> Delete STREET ADDRESS 3530 SERENITY LN CITY-ST-ZIP MELBOURNE FL 32934	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Frank Durbin STREET ADDRESS 1443 Alberni St NW CITY-ST-ZIP Palm Bay FL 32907	
TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Steve McKibben STREET ADDRESS 4640 Whipple Hollow Rd CITY-ST-ZIP Melbourne FL 32934	
TITLE Assistant Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jim Bartholomew STREET ADDRESS 2260 Iowa St CITY-ST-ZIP West Melbourne FL 32904	
TITLE Director of Registration <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Steve Leclair STREET ADDRESS 2431 Oklahoma St. CITY-ST-ZIP West Melbourne FL 32904	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director, of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Franklin W. Durbin* 2/1/02 321 749-7377

CR2E037 (9/01)