

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/18/01-

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90007 050 \*\*\*\*61.25

**DOCUMENT # N48546**  
 1. Entity Name  
**MELBOURNE BEACH SOCCER CLUB, INC.**

Principal Place of Business P.O. BOX 511012 MELBOURNE BEACH FL 32951	Mailing Address P.O. BOX 511012 MELBOURNE BEACH FL 32951
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **59-2433084** 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  
**PEPIN, JEROME**  
**412 RIVERVIEW LANE**  
**MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent  
 Name **MARC NELSON**  
 Street Address (P.O. Box Number is Not Acceptable) **414 Magnolia Ave**  
 City **Melbourne Beach** FL Zip Code **32951**

8. 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 *Marc W Nelson* **MARC W NELSON** Treasurer/Secretary **1/15/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACK, BRADLEY E 2260 S RIVER RD MELBOURNE BEACH FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RONEY, CHRISTOPHER 509 MAGNOLIA AVE MELBOURNE BEACH FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEPIN, JEROME 412 RIVERVIEW LANE MELBOURNE BEACH FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martin McDowell 1404 ORANGE ST Melbourne Beach FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Position Deleted <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARC NELSON 414 Magnolia Ave Melbourne Beach FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVA PRICE 506 HARIAND AVE Melbourne Beach FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: *MARC W NELSON* **MARC W NELSON** **1/05/01** **321-984-2233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)