

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 30, 2000 8:00 am
Secretary of State

05-02-2000 90074 030 ***158.75

DOCUMENT # P99000014357

1. Entity Name
EAGLES SOCCER ACADEMY, INC.

| | |
|---|---|
| Principal Place of Business HULLS UNIVERSITY, ATHLETIC DEPT. S. CLYDE MORRIS BLVD BEACH FL 32114 | Mailing Address EMBRY-RIDDLE UNIVERSITY, ATHLETIC DEPT. 600 S. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114-3966 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | 4. FEI Number 59-3563864 | Applied For Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent BLANK, DAN 217 JESSAMINE BLVD DAYTONA BEACH FL 32118 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT / Secretary <input type="checkbox"/> Delete Daniel Blank 217 Jessamine Blvd Daytona Beach, FL 32118 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. PRESIDENT / TREASURER <input type="checkbox"/> Delete DAVID GREGSON 312 SAWMILL CREEK COURT, ORMOND BEACH FL 32174 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~NO SIGNATURE REQUIRED~~ **4/24/00** **(904) 226 6653**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)