

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90032 023 ****61.25

0081716

DOCUMENT # N96000002643

1. Entity Name

**CENTRAL FLORIDA RIDGE SOCCER OFFICIALS ASSOCIATI
ON, INC.**

Principal Place of Business

**6615 ANGUS DR.
LAKELAND FL 33810
US**

Mailing Address

**6615 ANGUS DR.
LAKELAND FL 33810
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3097098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, KENNETH J SR
6615 ANGUS DR
LAKELAND FL 33810**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MORTON, SAM**
STREET ADDRESS **107 EAU CLAIRE ST**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MILLER, KEN**
STREET ADDRESS **6615 ANGUS DRIVE**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **MOORE, DONALD**
STREET ADDRESS **2420 YORK PLACE**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **VD** ☐ Change ☒ Addition
NAME **Harry Hughes**
STREET ADDRESS **5324 Messina**
CITY-ST-ZIP **Lakeland, FL. 33813**

TITLE **S** ☒ Delete
NAME **DOTY, CATHERINE**
STREET ADDRESS **26 TERA LANE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **S** ☐ Change ☒ Addition
NAME **Ian Jackson**
STREET ADDRESS **903 Hillgrove Lane**
CITY-ST-ZIP **Auburndale, FL. 33823**

TITLE **D** ☐ Delete
NAME **KELAHAN, MIKE**
STREET ADDRESS **6338 OAK SQUARE, EAST**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **FOREBACK, FRANK**
STREET ADDRESS **2123 GROVECREST LOOP**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **TP** ☐ Change ☒ Addition
NAME **Thomas Smith**
STREET ADDRESS **1244 Hawey Tree Lane E.**
CITY-ST-ZIP **Lakeland, FL. 33801**

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: **Kenneth Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(863)
3-24-02 859-4891**
Date Daytime Phone #

CR2E037 (9/01)