

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 026 ****61.25

001680

DOCUMENT # N00000003461

1. Entity Name

SEMINOLE YOUTH SOCCER, INC.



Principal Place of Business

**781 TIMACUAN BLVD
LAKE MARY FL 32746**

Mailing Address

**781 TIMACUAN BLVD
LAKE MARY FL 32746**

2. Principal Place of Business

1374 Birch Crest Ct

3. Mailing Address

PO BOX 953934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY FL

Zip

32746

Country

USA

Zip

32795

Country

USA

4. FEI Number **59-3651352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KIRBY, VICKI
781 TIMACUAN BLVD
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name **VICKI Kirby**
Street Address (P.O. Box Number is Not Acceptable)
1374 Birch Crest Ct.
City **LAKE MARY** FL Zip Code **32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **VICKI Kirby**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KIRBY, DANNY**
STREET ADDRESS **781 TIMACUAN BLVD**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **KIRBY, VICKI**
STREET ADDRESS **781 TIMACUAN BLVD**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **GATES, JANET**
STREET ADDRESS **781 TIMACUAN BLVD**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Danny Kirby, Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 953934**
CITY-ST-ZIP **LAKE MARY, FL 32795**

TITLE **VICKI Kirby, Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 953934**
CITY-ST-ZIP **LAKE MARY, FL 32795**

TITLE **Janet Gates, Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 953934**
CITY-ST-ZIP **LAKE MARY FL 32795**

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

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

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

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:

VICKI Kirby

4-28-03

4074745670

CR2E037 (10/02)