

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739206

1. Entity Name

CENTRAL FLORIDA UNITED SOCCER CLUB, INCORPORATED

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90029 017 ****61.25

Principal Place of Business

6964 ALOMA AVE.
WINTER PARK FL 32792

Mailing Address

6964 ALOMA AVE.
WINTER PARK FL 32792-7009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1952876

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CARLIN, PHILIP
345 E. SR 436 STE 101
FERN PARK FL 32730

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTIE, WILLIAM JR	
STREET ADDRESS	1045 ABBOTSFORD COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILCOX, GARY	
STREET ADDRESS	2440 LAKE VISTA COURT #204	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCARTY, DART	
STREET ADDRESS	1500 LYNDALE BLVD.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, DYLAN	
STREET ADDRESS	1207 ESSEX ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEWITT, JAMES	
STREET ADDRESS	724 S. LAKE CLAIRE CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SP	<input type="checkbox"/> Delete
NAME	NEINKEN, DEB	
STREET ADDRESS	1136 HOWELL BRANCH ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEINKEN, DEBI	
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 empowerments.

SIGNATURE:

William Christie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #