

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91131 006 \*\*\*\*61.25

**DOCUMENT # 740934**

1. Entity Name

**FIRST COAST SOCCER ASSOCIATION, INC.**

Principal Place of Business <b>1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207 US</b>	Mailing Address <b>1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207 US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>PO Box 50969</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 50969</b> Suite, Apt. #, etc.
--	--

City & State <b>Jacksonville Beach, FL</b>	City & State <b>Jacksonville Beach, FL</b>
Zip <b>32240</b>	Zip <b>32240</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-2881219</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**PEEK, EUGENE G. III**  
**1301 RIVERPLACE BLVD.**  
**SUITE 1609**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent  
 Name **Michael Ahmed**  
 Street Address (P.O. Box Number is Not Acceptable)  
**453 Papaya Court**  
 City **Jacksonville** **FL** Zip Code **32225**

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 **Michael Ahmed** DATE **4-28-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DIXON, BARRY</b>	
STREET ADDRESS <b>5031 DIXIE LANDING DR.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32224</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BELL, BILL</b>	
STREET ADDRESS <b>56 MARSH DR.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32250</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>EDENFIELD, KAREN</b>	
STREET ADDRESS <b>619 OLEANDER CT</b>	
CITY-ST-ZIP <b>NEPTUNE BEACH FL 32266</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Newton, Clay</b>	
STREET ADDRESS <b>15 Arbor Club Drive #105</b>	
CITY-ST-ZIP <b>Porte Vedon Beach, FL 32082</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Michael Ahmed</b>	
STREET ADDRESS <b>453 Papaya Court</b>	
CITY-ST-ZIP <b>Jacksonville, FL 32225</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SD Chris Malewicki</b>	
STREET ADDRESS <b>2273 Windjammer Lane East</b>	
CITY-ST-ZIP <b>Jacksonville, FL 32224</b>	
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	

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 or without like empowered.

SIGNATURE: **Barry Dixon** DATE **4-28-02** 704-683-4894  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)