

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90824 012 ****70.00

DOCUMENT # 744212

1. Entity Name

YOUTH SOCCER, INC.

Principal Place of Business

Mailing Address

~~23325 NW 102ND AVE~~

~~ALACHUA FL 32615~~

~~US~~

PO BOX 12889

GAINESVILLE FL 32604

US

2. Principal Place of Business

1217 N.W. 9th AVE.

3. Mailing Address

Suite, Apt. #, etc.

GAINESVILLE

City & State

FL.

32601

USA

Zip

Country

4. FEI Number

59-1874667

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

~~WARD PETER HAMILTON~~

~~4001 NEWBERRY RD.~~

~~SUITE ONE, BUILDING C~~

~~GAINESVILLE, FL 32607~~

Name

BRUCE HOFFMAN

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

2917 N.W. 9th Pl.

GAINESVILLE

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

4-21-2001

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
DIXON, WAYNE
23325 NW 102ND AVENUE
ALACHUA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
Randy Stout
1224 N.W. 9th AVE.
GAINESVILLE, FL 32601** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
HOFFMAN, BRUCE
2917 N.W. 9TH PL
GAINESVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
SANDY RIVERA
614 N.E. 5th AVE.
GAINESVILLE, FL 32601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIXON, GRACE
23325 NW 102ND AVE
ALACHUA FL 32615** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Godamy Perez
1324 N.W. 10th AVE. #54
GAINESVILLE, FL 32605** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
CROOK, SYLVIA
111 NW 28ND DR
GAINESVILLE FL 32607** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Godamy Perez
1324 N.W. 10th AVE. #54
GAINESVILLE, FL 32605** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY RIVERA

Date

Daytime Phone #

4-19-01 - 352-3771714

CR2E037 (10/00)