2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: DIANA KIBERTSOME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **744947** May 02, 2000 8:00 am Secretary of State 1. Entity Name PINELLAS PARK YOUTH SOCCER ASSOCIATION, INC. 05-02-2000 90049 017 ****70.00 Principal Place of Business Mailing Address P.O. BOX 2094 P.O. BOX 2094 PINELLAS PARK FL 33780-2094 PINELLAS PARK FL 33780-2094 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1885265 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBERTSON, DIANA 8529 42 AVE NO ST PETERSBURG FL 33709 Zip Code City F 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 FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Delete TITLE TITLE MARTIN BILL LANGE, MARY ALICE NAME NAME 6535 AVE NO STREET ADDRESS STREET ADDRESS 526-15 AVENUE NE CITY-ST-ZIP ろろフ81 PINELLAS -PARK, F CITY-ST-ZIP ST. PETERSBURG FL 33704 Delete Addition D ☐ Change አፍ TITLE TITLE NAME LATHROP, LINDA NAME Dudley STREET ADDRESS STREET ADDRESS 2761 56 WAY NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL Addition ☐ Delete TITLE ☐ Change TITLE MIKE NAME PAYNE, BOB 1 NAME 6706 STREET ADDRESS 6470 109 TERRACE NO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PINELLAS PK. FL 33782 Delete Addition ☐ Change TITLE TITLE TIKKANEN NAME MCGOWEN, MICHELLE 56 th ST. NO. STREET ADDRESS 1868 STREET ADDRESS 7693 62ND ST NO CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Change ☐ Delete TITLE D TITLE BRZOZOWSKI, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 10601 96TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP LARGO FL DPC ☐ Delete TITLE TITLE ROBERTSON, DIANA NAME NAME STREET ADDRESS STREET ADDRESS 8529 42ND AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33704 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 eath; 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.