

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746342

1. Entity Name

JACKSONVILLE YOUTH SOCCER CLUB, INC.

Principal Place of Business

10991-55 SAN JOSE BLVD.
SUITE 144
JACKSONVILLE FL 32223
US

Mailing Address

10991-55 SAN JOSE BLVD.
SUITE 144
JACKSONVILLE FL 32223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1911560

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

WILCOX, HUGH
8997 RUNNYMEADE RD
JACKSONVILLE FL 32257

Name

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

City

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

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 PD ☒ Delete
NAME WILCOX, HUGH
STREET ADDRESS 8997 RUNNY MEADE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ Change ☒ Addition
NAME HARTNETT, William
STREET ADDRESS 5044 MARBLE EGRET DR S
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE TD ☐ Delete
NAME ROSSETTI, ED
STREET ADDRESS 3373 S. LAUREL GROVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE SD ☐ Delete
NAME WEDNER, MICHAEL
STREET ADDRESS 4674 GREAT WESTEN LANE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE PD ☒ Delete
NAME WILCOX, HUNG
STREET ADDRESS 8997 RUNNY MEADE RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VD ☐ Delete
NAME MORENCY, ROSE
STREET ADDRESS 4072 QUARTER HORSE CT
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.J. ROSSETTI 4/30/00 904 880-4565

Date

Daytime Phone #

CR2E037 (9/99)