

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746342

1. Entity Name

JACKSONVILLE YOUTH SOCCER CLUB, INC.

Principal Place of Business

~~10001 60 SAN JOSE BLVD.~~  
~~SUITE 144~~  
~~JACKSONVILLE FL 32223~~  
~~US~~

AND →

Mailing Address

~~10001 30 SAN JOSE BLVD.~~  
~~SUITE 144~~  
~~JACKSONVILLE FL 32223~~  
~~US~~

2. Principal Place of Business

11735 MANDARIN FOREST DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

Country

Zip

Country

32223

USA.

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

OSBORNE, MICHAEL S  
17735 MANDARIN FOREST DR  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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]*

MICHAEL S. OSBORNE

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

7/15/2002

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	TD	<input type="checkbox"/> Delete
NAME	OSBORNE, MICHAEL S	
STREET ADDRESS	17735 MANDARIN FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VAD	<input type="checkbox"/> Delete
NAME	COOLEY, JASON	
STREET ADDRESS	11077 RIDGE POINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<del>GORDON, DON</del>	
STREET ADDRESS	14610 CHADY MEADOW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTNETT, WILLIAM	
STREET ADDRESS	5044 MARBLE EGRET DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENTZEL, JACK	
STREET ADDRESS	12334 TEAL RUN CT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARRINGTON, TROY	
STREET ADDRESS	6571 OAK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

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	PRESIDENT
STREET ADDRESS	HAROLD LIPPES
CITY-ST-ZIP	2920 FOREST CIRCLE JACKSONVILLE FL 32257
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	V.P. NANCY VICKERS
STREET ADDRESS	6333 WOOD VALLEY RD.
CITY-ST-ZIP	JACKSONVILLE FL 32217

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. OSBORNE 904 2600037

Date

Daytime Phone #

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91630 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)