2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90015 047 ****61.25

DOCUMENT # 747936

1. Entity Name

FLORIDA YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8 BROADWAY SUITE B KISSIMEE FL 34741 US	8 BROADWAY SUITE B KISSIMMEE FL 34741 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8034 SUNPORT DRIVE	8034 SUNPORT DRIVE
Suite, Apt. #, etc.: SUITE 404 + 405	Suite, Apt. #, etc.: SUITE 405+405
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32809 Country: ORANGE	Zip: 32809 Country: ORANGE

4. FEI Number 59-1864634 ☐ 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
NEWTON, BARBARA 12001 LITTLEBURY CT TAMPA FL 33635	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 Barbara J. Newton 1-23-02
Signature, typed or printed name of registered agent and title if applicable. PRESIDENT (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NEWTON, BARBARA 12001 LITTLEBERRY COURT TAMPA FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MATLAK, JERRY 4445 NW 112TH AVE CORAL GABLES FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, JIM 404 CORNWALL RD WINTER PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP TURPEL, ART 20889 ENCANTO COURT BOCA RATON FL 33433	☒ 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	DS MYRNA FOSTER 3104 WINCHESTER DRIVE COCOA FL 32926	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Barbara J. Newton PRED 1-23-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #