

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 751039

1. Entity Name

SEMINOLE SOCCER CLUB, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

04-23-2000 90025 040 ****61.25

Principal Place of Business
7390 MARKHAM RD.
P.O. BOX 915425
LONGWOOD FL 32791-5425

Mailing Address
7390 MARKHAM RD.
P.O. BOX 915425
LONGWOOD FL 32791-5425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2074729
Applied For
Not Applicable

Zip Country

Zip Country

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

SIMON, MEL
C/O SEMINOLE SOCCER CLUB, INC.
517 SAVONA CT.
ALTAMONTE SPRINGS FL 32701

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
NAME SIMON, MEL
STREET ADDRESS 517 SAVONA COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME COPLIN, ROB
STREET ADDRESS 520 SUGAR RIDGE CT.
CITY-ST-ZIP LONGWOOD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECD
NAME NORTON, DAVE
STREET ADDRESS 1839 SENECA BLVD.
CITY-ST-ZIP WINTER SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME BROWN, MARCUS
STREET ADDRESS 260 SHADY OAKS CIRCLE
CITY-ST-ZIP LAKE MARY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E037 (9/99)

Mel Simon
5/22/00