

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90267 029 *****61.25

DOCUMENT # 751039

1. Entity Name

SEMINOLE SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

7390 MARKHAM RD.

7390 MARKHAM RD.

P.O. BOX 915425

P.O. BOX 915425

LONGWOOD FL 32791-5425

LONGWOOD FL 32791-5425

SANFORD, FL 32771

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

59-2074729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

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

TITLE SECD ☐ Delete
NAME DARBY, MARY B
STREET ADDRESS 309 GOLDSTONE PLACE
CITY-ST-ZIP LAKE MARY FL 32746

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

02-22-01 407-942-7295
 Date Daytime Phone #

CR2E037 (10/00)