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2002 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2002 8:00 am DOCUMENT # **751039 Secretary of State** SEMINOLE SOCCER CLUB, INC. 02-20-2002 90026 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 390 MARKHAM RD. 7390 MARKHAM RD. O. BOX 915425 P.O. BOX 915425 ANFORD FL 32771 LONGWOOD FL 32791-5425 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2074729 Not Applicable \* Country ---- Zip----- ~ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Smith, Mandolph Street Address (P.O. Box Number is Not Acceptable) SIMON, MEL C/O SEMINOLE SOCCEER CLUB, INC. 517 SAVONA CT. City Zip Code ALTAMONTE SPRINGS FL 32701 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 🚄 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/04) Delete TITLE TITLE Smith Randolph SIMON, MEL NAME NAME 618 S. Sweetwater Cove Blrd STREET ADDRESS STREET ADDRESS 517 SAVONA COURT Longwood, FL CITY-ST-ZIP CITY-ST-ZIP <u>ALTAMONTE SPRINGS FL</u> TITLE Delete TITLE ☐ Change ☐ Addition NAME COPLIN, ROB NAME 520 SUGAR RIDGE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD SECD TITLE ☐ Delete TITI F Change Addition NAME DARBY, MARY B NAME STREET ADDRESS STREET ADDRESS 309 GOLDSTONE PLACE CITY-ST-7IP CITY-ST-7IP LAKE MARY FL 32746 Delete TITLE Addition TITLE ☐ Change Kincaid, Brenda BROWN, MARCUS NAME NAME 260 SHADY OAKS CIRCLE 278 Cambridge DR. STREET ADDRESS STREFT ADDRESS .onawood, fl 32779 CITY-ST-7IP CITY-ST-ZIP LAKE MARY FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Oelete ☐ Change NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR