2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 10, 2003 8:00 am
Secretary of State
02-10-2003 90172 018 ****61.25

DOCUMENT # 751039

1. Entity Name
SEMINOLE SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
7390 MARKHAM RD. P.O. BOX 915425 SANFORD FL 32771	7390 MARKHAM RD. P.O. BOX 915425 LONGWOOD FL 32791-5425

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7390 MARKHAM RD	PO BOX 915425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: LONGWOOD FL
Zip: 32771 Country: USA	Zip: 32791-5425 Country: USA

4. FEI Number 59-2074729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: JOE NERI c/o Seminole Soccer
Street Address (P.O. Box Number is Not Acceptable): ~~PO BOX 915425~~ 1751 RUTLEDGE RD.
32779
City: LONGWOOD FL Zip Code: ~~32791-5425~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joe Neri JOE NERI Feb 5 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMON, MEL 517 SAVONA COURT ALTAMONTE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Joseph neri 1751 Rutledge Drive Longwood, FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COPLIN, ROB 520 SUGAR RIDGE CT. LONGWOOD	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP Tammi Sheffield 2310 Oak Drive Longwood, FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECD DARBY, MARY B 309 GOLDSTONE PLACE LAKE MARY FL 32746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECD D Kristen Mazza 300 Brantley Harbor Drive Longwood, FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWN, MARCUS 260 SHADY OAKS CIRCLE LAKE MARY FL	☑ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED~~ JOSEPH S NERI Feb 5 2003 407-734-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #