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

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

2/1

DOCUMENT # 751039

1. Entity Name
SEMINOLE SOCCER CLUB, INC.

Principal Place of Business
7390 MARKHAM RD.
P.O. BOX 915425
SANFORD FL 32771

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

2. Principal Place of Business: 7390 MARKHAM RD
Suite, Apt. #, etc.
City & State: SANFORD FL
Zip: 32771 Country: USA

3. Mailing Address: PO Box 915425
Suite, Apt. #, etc.
City & State: LONGWOOD FL
Zip: 32791-5425 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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.
City: LONGWOOD FL Zip Code: ~~32791-5425~~ 32779

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

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 407-736-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #