2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am **DOCUMENT # 751090 Secretary of State** 1. Entity Name 07-25-2001 90001 049 ****61.25 CLAY COUNTY SOCCER CLUB, INC. Principal Place of Business Mailing Address 4387 LAKESHORE DRIVE P.O. BOX 2670 **ORANGE PARK FL 32073 ORANGE PARK FL 32067-2670** 2. 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 59-1981194 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee 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) DAVIE, JAMES H. 2821 BOLTAN SUITE A **ORANGE PARK FL 32073** 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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE TREASUREL Change Addition COCCIOLO, BARBARA NAME WAYNE William Wolfenbarger STREET ADDRESS 5519 BRADFORD COURT STREET ADDRESS 296 GLENLYON DRFTE CITY-ST-7IP ORANGE PARK FL CITY-ST-ZIP ORANGE PARIL FL 3207<u>3</u> Delete TITLE TITLE CHAIRMIN ☐ Change Addition TAMES R. TANNON MARTORANA, CARMELO NAME NAME STREET ADDRESS 969 SANDSTONE DR 2553 Huntington WAY STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP <u>Orange</u> Park DIRECTOR OF OPERATIONS TITLE Delete TITLE ☐ Change Addition Addition SHRINER, CRAIG-RANDALL-DONOFRIO. NAME NAME STREET ADDRESS 3500 DEVILWED ST. 2870 CARTER BRARTON RD STREET ADDRESS CITY-ST-7IP **ORANGE PARK FL 32065** CITY-ST-ZIP MEDDLEBURG, PL SD TITLE Delete TITLE Birector ☐ Change Addition GROSS, JANE George M Francisco NAME NAME DLANGE PACK PL 32073 STREET ADDRESS 2686 FOXWOOD ROAD S STREET ADDRESS CITY-ST-7IP ORANGE PARK FL 32073 CITY-ST-7IP TITLE DIRECTOR OF # TOUTH WOULD | Change Delete TITLE Addition NAME **GULLAGHER, WILLIAM** ROBYN WATSON NAME 238 OLD HARD ROAD STREET ADDRESS 106 SATURN STREET ADDRESS CITY-ST-7IP **ORANGE PARK FL 32073** CITY-ST-ZIP 32003 DRAWGE PARK TITLE Delete TITLE ☐ Change ☐ Addition NAME **BELK, SANDRA** NAME STREET ADDRESS 12515 EAST CR 215 STREET ADDRESS CITY-ST-ZIP WALDO FL 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 cath; 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 (NAME WOLF CHOOSE WITH A SIGNATURE)

1/4/n1 any 1/41/02)

FILED