

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90005 004 \*\*\*\*61.25

**DOCUMENT # 754338**

1. Entity Name

**HIGHLANDS YOUTH SOCCER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**CARTER ROAD SPORTS COMPLEX  
 LAKELAND FL**

**P.O. BOX 5023  
 LAKELAND FL 33807-5023**

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

**59-2057974**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAVEN, HARVEY  
 761 WOODHILL DRIVE  
 LAKELAND FL 33813**

Name

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

City

**FL**

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 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: LANE, PHIL  Delete  
 STREET ADDRESS: 235 ASH LANE  
 CITY-ST-ZIP: LAKELAND FL

TITLE: PD  
 NAME: CRAVEN, HARVEY  Change  Addition  
 STREET ADDRESS: 761 WOODHILL DRIVE  
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: VD  
 NAME: GOSSETT, DAVID  Delete  
 STREET ADDRESS: 5714 DEER TRACKS TRAIL  
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: [Blank]  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: TD  
 NAME: CRAVEN, HARVEY  Delete  
 STREET ADDRESS: 761 WOODHILL DRIVE  
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: TD  
 NAME: FINCH, EVAN  Change  Addition  
 STREET ADDRESS: 524 OAK TRAIL  
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: SD  
 NAME: GROVE, TAMI  Delete  
 STREET ADDRESS: 1435 LONGOAK DRIVE  
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: SD  
 NAME: BAZLER, KATHRYN  Change  Addition  
 STREET ADDRESS: 6745 TRAIL RIDGE DRIVE  
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: [Blank]  Delete  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  Delete  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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 EVAN FINCH 1/8/00 863 644-5344  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #