

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754338

1. Entity Name

HIGHLANDS YOUTH SOCCER ASSOCIATION, INC.

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

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

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

4. FEI Number

59-2057974

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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  
STREET ADDRESS 235 ASH LANE  
CITY-ST-ZIP LAKELAND FL ☒ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

TITLE SD  
NAME BAKER, KATHRYN  
STREET ADDRESS 6745 TRAIL RIDGE DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813 ☐ 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

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 #