

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90041 011 ****61.25

DOCUMENT # 754338

1. Entity Name

LAKELAND HIGHLANDS YOUTH SOCCER, ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**WATER ROAD SPORTS COMPLEX
 LAKELAND FL**

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



DO NOT WRITE IN THIS SPACE

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 NAME	PD CRAVEN, HARVEY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	761 WOODHILL DRIVE LAKELAND FL 33813	
TITLE NAME	TD FINCH, EVAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	524 OAK TRAIL LAKELAND FL 33813	
TITLE NAME	SD BARKER, KARYN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6745 TRAIL RIDGE DRIVE LAKELAND FL 33813	
TITLE NAME	VD WHITE, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2509 ROSALYN LN LAKELAND FL 33813	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 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:

EVAN FINCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/02 863.644.9841

CR2E037 (9/01)