

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90130 049 \*\*\*\*61.25



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # 754338</b>					
<b>1. Entity Name</b> <b>LAKE LAND HIGHLANDS YOUTH SOCCER, ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> CARTER ROAD SPORTS COMPLEX LAKE LAND FL			<b>Mailing Address</b> P.O. BOX 5023 LAKE LAND FL 33807-5023		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> <b>59-2057974</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>CRAVEN, HARVEY</b> <b>761 WOODHILL DRIVE</b> <b>LAKE LAND FL 33813</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAVEN, HARVEY 761 WOODHILL DRIVE LAKE LAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINCH, EVAN 524 OAK TRAIL LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINCH, EVAN 524 OAK TRAIL LAKE LAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEE DEE BOWER LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARKER, KARYN 6745 TRAIL RIDGE DRIVE LAKE LAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNNY COUCH 1034 HELENA LANE LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, CHUCK 2509 ROSALYN LN LAKE LAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUSAN WYSILEWSKI 2750 PIPER ROAD LAKE LAND, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** EVAN FINCH **1/7/03** **(813) 670-1920**