

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91263 008 ****61.25

DOCUMENT # 760179

1. Entity Name

WEST CITRUS SOCCER CLUB, INC.

Principal Place of Business

**4510 S. GRANDMARCH A.
HOMOSASSA FL 34446
US**

Mailing Address

**WILLIAM'S. MCRANIE & SUTTON, PA
154 S.E. 7TH AVE
CRYSTAL RIVER FL 34429
US**

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

59-2445681

Applied For

Not Applicable

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

**WELLS, RAY
1 W. WINGED FOOT CT
HOMOSASSA FL 34446**

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** ☐ Delete
NAME **CALLAWAY, MIKE**
STREET ADDRESS **3452 N. CITRUS AVE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **PD** ☒ Change ☐ Addition
NAME **RALPH FLEMING**
STREET ADDRESS **421 N DUNKENFIELD AVE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **SD** ☐ Delete
NAME **AUSTIN, HEATHER**
STREET ADDRESS **PO BOX 975**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

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

TITLE **VD** ☐ Delete
NAME **WELLS, RAY**
STREET ADDRESS **1 W. WINGED FOOT CT**
CITY-ST-ZIP **HOMOSASSA FL 34447**

TITLE **TD** ☒ Change ☐ Addition
NAME **RAY WELLS**
STREET ADDRESS **1 W WINGED FOOT CT**
CITY-ST-ZIP **HOMOSASSA FL 34447**

TITLE **D** ☐ Delete
NAME **ELDER, JOHN**
STREET ADDRESS **2231 W. DEER TRAIL LN**
CITY-ST-ZIP **LECANTO FL 34461**

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

TITLE **D** ☐ Delete
NAME **ZAREK, ANNE-MARIE**
STREET ADDRESS **6815 S. SPARTON AVE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **D** ☒ Change ☐ Addition
NAME **ALLEN ZEREK**
STREET ADDRESS **6815 S SPARTON AVE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **DAT** ☐ Delete
NAME **DUDEK, MARTY**
STREET ADDRESS **208 N. BIG OAKS PLACE**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)