

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90352 029 \*\*\*150.00

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **FLEMING, RALPH**  
STREET ADDRESS **421 N DUKENFIELD AVE.**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☒ Change ☐ Addition  
NAME **LINDA DUDEK**  
STREET ADDRESS **208 N BIG OAKS PL**  
CITY-ST-ZIP **LECANTO FL 34461**

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **MIKE CALLAWAY**  
STREET ADDRESS **622 W STARJASMINE PL**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE ☒ Change ☐ Addition  
NAME **MATT DENNY**  
STREET ADDRESS **164 W CHASE ST**  
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE ☒ Change ☐ Addition  
NAME **TERRI MCGOWAN**  
STREET ADDRESS **5038 W SAGO PALM CT**  
CITY-ST-ZIP **LECANTO FL 34461**

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:

**REINSTATEMENT REQUIRED**

4/29/03

CR2E037 (10/02)