

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90166 034 ****61.25

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DOCUMENT # 768807

1. Entity Name

OSCEOLA YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9751 -98TH ST. NO.
 SEMINOLE FL 33777
 US

P.O. BOX 10071
 LARGO FL 33773
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

OLVER, MICHAEL
5978 114TH TERR N
PINELLAS PARK FL 33782

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	VD	<input type="checkbox"/> Delete
NAME	DILEONARDO, DAVID	
STREET ADDRESS	12341 92ND ST NO	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWEENEY, DENNIS	
STREET ADDRESS	10646 HARBORSIDE DR	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAASE, DONNA	
STREET ADDRESS	8958 ENCHANTMENT DR	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, R	
STREET ADDRESS	8759 101ST AVE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliver, Michael	
STREET ADDRESS	5978 114th Terrace N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Johnson	
STREET ADDRESS	9270 119th Ave. N.	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Andrews	
STREET ADDRESS	12128 72 Street	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Littler	
STREET ADDRESS	10020 86th Way N.	
CITY-ST-ZIP	Largo, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

4/16/01 (722) 573-3630