

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
 06-11-2002 90396 032 ****61.25

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

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 **PD** ☐ Delete
 NAME **OLVER, MICHAEL**
 STREET ADDRESS **5978 114-TERRACE N**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **VD** ☒ Delete
 NAME **JOHNSON, CHRIS**
 STREET ADDRESS **9270 119 AV N**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **VD** ☐ Change ☐ Addition
 NAME **Billy Mullin**
 STREET ADDRESS **8843 - 79th Place N**
 CITY-ST-ZIP **Seminole FL 33777**

TITLE **SD** ☒ Delete
 NAME **ANDREWS, KAREN**
 STREET ADDRESS **12128 72 ST**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **SD** ☐ Change ☐ Addition
 NAME **Dave Detweiler**
 STREET ADDRESS **8822 - 91st St.**
 CITY-ST-ZIP **Largo, FL 33777**

TITLE **TD** ☐ Delete
 NAME **LITTLER, DAVID**
 STREET ADDRESS **10020 86 WAY N**
 CITY-ST-ZIP **LARGO FL 33777**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 (717) 573-3630

CR2E037 (9/01)