

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770427

1. Entity Name

COUNTRYSIDE YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

116 KENDALE DR  
SAFETY HARBOR FL 34695

Mailing Address

116 KENDALE DR  
SAFETY HARBOR FL 34695

2. Principal Place of Business

3011 ASHLAND TERRACE

3. Mailing Address

3011 ASHLAND TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-2330947

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLANAMENTA, MARGARET  
106 MEADOWCROSS DR.  
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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

TITLE P  
NAME JACKSON, ROBERT  
STREET ADDRESS 116 KENDALE DR.  
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☒ Delete

TITLE VD  
NAME TICKNER, DARLENE  
STREET ADDRESS 3011 ISLAND TERRACE  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE SD  
NAME LEECH, SUE  
STREET ADDRESS 330 WOODS LANDING TRAIL  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE T  
NAME CORRIGAN, KEVIN L  
STREET ADDRESS 2948 HILLCREEK CIR., S  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE D  
NAME PLANAMENTA, MARGARET  
STREET ADDRESS 106 MEADOWCROSS DR.  
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PRESIDENT  
NAME  
STREET ADDRESS 3011 ASHLAND TERRACE  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: MARGARET PLANAMENTA REQUIRED

8-29-01 727-726-9401

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90267 041 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)