

2002 UNIFORM BUSINESS REPORT (UBR)

000718 AT

DOCUMENT # **A97000001511**

FILED

02 APR 29 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FLORIDA SOCCER, LTD.

Principal Place of Business
**1581 BULEVAR MENOR
PENSACOLA BEACH FL 32561**

Mailing Address
**1581 BULEVAR MENOR
PENSACOLA BEACH FL 32561**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **59-3452254**

Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

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

STRICKER, MAYS, C.
1581 BULEVAR MENOR
PENSACOLA BEACH FL 32561

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$9,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,500,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000053139**
NAME **FLORIDA SOCCER, INC.**
STREET ADDRESS **1581 BULEVAR MENOR**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

STREET ADDRESS **901 Twain Lane**
CITY-ST-ZIP **Crestview, FL 32536**

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS **100005505311--9**
CITY-ST-ZIP **-05/13/02--01016--008**
******526.25 ****526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Stricker Mays**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE