

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91496 028 ****61.75

DOCUMENT # N00000007831

1. Entity Name

THE BOYS' SOCCER BOOSTER CLUB, INC.

Principal Place of Business

**14075 KEN AUSTIN PKWY.
 BROOKSVILLE FL 34613**

Mailing Address

**5127 SHOAL LINE BLVD.
 HERNANDO BEACH FL 34607**

2. Principal Place of Business

3. Mailing Address

420 SILAS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL

Zip

Country

Zip

Country

34609

HERNANDO

4. FEI Number

59-3686684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RESSEL, DENISE N
 5127 SHOAL LINE BLVD.
 HERNANDO BEACH FL 34607**

7. Name and Address of New Registered Agent

Name **CECELIA LORENZETTI**

Street Address (P.O. Box Number is Not Acceptable)

420 SILAS CT

City

SPRING HILL

FL

Zip Code

34609

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

Cecelia Lorenzetti **PRESIDENT CECELIA LORENZETTI 11/10/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESSEL, DENISE N 5127 SHOAL LINE BLVD. HERNANDO BEACH FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINTERHALTER, JUDY 8361 BELMONT RD. SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARD, DIANE 1311 KEN LAKE AVE. SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CECELIA LORENZETTI 420 SILAS CT SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VICKY KIRSHY 9138 PEMBERTON ST SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBARA O'SULLIVAN 10033 TWELVE OAKS CT BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARBARA WOODS 8409 VICKSBURG SPRING HILL, FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cecelia Lorenzetti* **CECELIA LORENZETTI 4/10/02 352 686-3890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)