

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02129

1. Entity Name

COVE SOCCER, INC.

Principal Place of Business

1401 DEWITT ST
PANAMA CITY FL 32401
US

Mailing Address

1401 DEWITT ST
PANAMA CITY FL 32401-4042
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

59-2399324

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

LYNCH, THOMAS E
1401 DEWITT ST
PANAMA CITY FL 32401

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	<input type="checkbox"/> Delete
NAME	LYNCH, THOMAS E	
STREET ADDRESS	1401 DEWITT ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, MARIE W	
STREET ADDRESS	1401 DEWITT ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOK, STEPHEN V	
STREET ADDRESS	318 SOUTH MACARTHUR AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	IV.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHEL MAYS	
STREET ADDRESS	542 EAST 4th ST	
CITY-ST-ZIP	Panama City FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael M. Haller	
STREET ADDRESS	121 N. MARIE DR	
CITY-ST-ZIP	Panama City FL 32401	
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: Thomas E. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2000

Date

850-784-1632

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90028 012 ****61.25