

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N02129**

1. Entity Name

COVE SOCCER, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90067 010 ****61.25

Principal Place of Business

**1401 DEWITT ST
PANAMA CITY FL 32401
US**

Mailing Address

**1401 DEWITT ST
PANAMA CITY FL 32401
US**

2. Principal Place of Business

318 S. McArthur Avenue

Suite, Apt. #, etc.

3. Mailing Address

318 S. McArthur Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL 3240

4. FEI Number

59-2399324

Applied For

Not Applicable

Zip

32401

Country

Bay

Zip

32401

Country

Bay5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYNCH, THOMAS E
1401 DEWITT ST
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Stephen V. Cook

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

318 S. McArthur Avenue

City

Panama City,**FL**Zip Code
32401

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.

Registered Agent

SIGNATURE

*Stephen V. Cook***Stephen V. Cook, President,****4/30/01**

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 LYNCH, THOMAS E 1401 DEWITT ST PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYS, MITCHEL 542 E 4TH ST PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, STEPHEN V 318 SOUTH MACARTHUR AVENUE PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLORY, MICHAEL 121 N MANE DR PANAMA CITY FL 32401	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephen V. Cook 318 S. McArthur Avenue Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input 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	SD Barbara Moreau 6517 Minneola Street Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Barbara Moreau 6517 Minneola Street Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input 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:

SIGNATURE REQUIRED**4/30/01****850-769-2683**

Date

Daytime Phone #

CR2E037 (10/00)