

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90418 046 ****61.25

DOCUMENT # *N 02737*

1. Entity Name

Hudson Youth Soccer Association, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6609 Ridge Road

3. Mailing Address

P.O. Box 5253

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL

City & State

Port Richey, FL

4. FEI Number

59-2432995

Applied For

Not Applicable

Zip

34669

Country

US

Zip

34674

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis Ambrogio

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

12727 Buckhorn Drive

City

Hudson

FL

Zip Code

34669

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

FEE IS \$61.25
Initial or Amended UBR

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	<i>DC Dennis Ambrogio 12727 Buckhorn Drive Hudson, FL 34669</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVC Scott Ely 7424 Cynthia Ct Port Richey, FL 34668</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVC Paul Vesio 11125 Zimmerman Rd Port Richey, FL 34668</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DS Paula Folmar 12929 Sugar Creek Blvd Hudson, FL 34669</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DT David Dewcerd 13021 Serpentine Dr Hudson, FL 34667</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR Lisa Wilson 10320 Pastel Lane Port Richey, FL 34668</i>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02 (727) 849-2785

Date

Daytime Phone #

CR2E037B (12/01)