FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90254 046 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02737

1. Entity Name
HUDSON YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6609 RIDGE RD. STE. 4 HUDSON, FL 34669	PO OBX 5253 PORT RICHEY, FL 34674

2. Principal Place of Business	3. Mailing Address
6609 Ridge Rd	6609 Ridge Rd.
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4
City & State Port Richey, FL	City & State Port Richey, FL
Zip 34668 Country	Zip 34668 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2432995 ☐ 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
AMBROGIO, DENNIS 12727 BUCKHORN DRIVE HUDSON, FL 34669	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AMBROGIO, DENNIS		NAME		
STREET ADDRESS	12727 BUCKHORN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34669		CITY-ST-ZIP		
TITLE	DVC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELY, SCOTT		NAME		
STREET ADDRESS	7424 CYNTHIA CT		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOLLMAR, PAULA		NAME		
STREET ADDRESS	12929 SUGAR CREEK BLVD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34669		CITY-ST-ZIP		
TITLE	DR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILSON, LISA		NAME		
STREET ADDRESS	10320 PASTEL LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	DVC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VESCIO, PAUL		NAME		
STREET ADDRESS	11125 ZIMMERMAN RD		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEWEERD, DAVID		NAME		
STREET ADDRESS	13021 SERPENTINE DR.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		

CR2E037 (10/02)

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] David DeWeerd, DT 4/22/03 (727) 849-2785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #