

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90064 018 \*\*\*\*61.25

**DOCUMENT # N05004**  
 1. Entity Name  
**CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 P O BOX 279      P O BOX 279  
 LAND O'LAKES FL 34639      LAND O'LAKES FL 34639

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 **59-2439154**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FOCHT, ROBERT M., ESQ.**  
**4512 LAND O' LAKES BLVD.**  
**N**  
**LAND O'LAKES FL 34639**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	<b>P</b> <b>FONTANES, AMY</b> <input checked="" type="checkbox"/> Delete <b>1129 FOX CHAPEL DR</b> <b>LAND O LAKES FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>TANNER, AMY</b> <b>P.O. BOX 2030</b> <b>LAND O'LAKES FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HAYES, TIM</b> <b>2185 STATE RD 54</b> <b>LAND O LAKES FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>YORK, BILLY</b> <b>1804 OSPREY LANE</b> <b>LUTZ FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>FELDER, JANIE E</b> <b>27217 BREAKERS DRIVE</b> <b>WESTLEY CHAPEL FL 33543-6612</b>
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	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Billy York</b> <b>1804 Osprey Lane</b> <b>Lutz FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Amy Tanner</b> <b>PO Box 2030</b> <b>Land O'Lakes, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bruce Martin</b> <b>23545 Pine Lake St.</b> <b>Land O'Lakes, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michele Vaughn TD</b> <b>1526 Twin Palms Loop</b> <b>Lutz FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Commissioner</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tim Hayes</b> <b>2185 State Rd 54</b> <b>Land O'Lakes FL 34639</b>
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: Michele Vaughn**      **4/27/01**      **813-949-8635**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)