

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91192 010 ****61.25

DOCUMENT # N05004

1. Entity Name

CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.



Principal Place of Business

P O BOX 279
LAND O'LAKES FL 34639

Mailing Address

P O BOX 279
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, TIMOTHY G
21859 STATE RD 54, SUITE 200
LUTZ FL 33549

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 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 **P** ☒ Delete
NAME **YORK, BILLY**
STREET ADDRESS **1804 OSPREY LANE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **President** ☒ Change ☐ Addition
NAME **Jennifer Higgins**
STREET ADDRESS **1515 Primwood Lane**
CITY-ST-ZIP **Lutz FL 33549**

TITLE **S** ☒ Delete
NAME **YORK, DIANE**
STREET ADDRESS **1804 OSPREY LANE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Charlene Weaver**
STREET ADDRESS **5413 Swallow Drive**
CITY-ST-ZIP **Land O Lakes FL 34639**

TITLE **D** ☒ Delete
NAME **HAYES, TIM**
STREET ADDRESS **2185 STATE RD 54**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **Director** ☒ Change ☐ Addition
NAME **Jana Prough**
STREET ADDRESS **1925 Woodcut Dr.**
CITY-ST-ZIP **Lutz FL 33559**

TITLE **VP** ☒ Delete
NAME **BOWMAN, BARBARA**
STREET ADDRESS **22907 FERN CT**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **VP** ☒ Change ☐ Addition
NAME **Trish Goble**
STREET ADDRESS **1134 Docksides Dr**
CITY-ST-ZIP **Lutz FL 33559**

TITLE **CD** ☒ Delete
NAME **HAYES, TIM**
STREET ADDRESS **2185 STATE ROAD 54**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **Director** ☒ Change ☐ Addition
NAME **Art L. Fontanes**
STREET ADDRESS **1129 Fox Chapel Drive**
CITY-ST-ZIP **Lutz FL 33549**

TITLE **T** ☐ Delete
NAME **VAUGHN, MICHELE A**
STREET ADDRESS **1526 TWIN PALMS LOOP**
CITY-ST-ZIP **LUTZ FL 33559**

TITLE **Same** ☐ Change ☐ 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: **Michele A. Vaughn** **4/15/03** **813-453-1174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)