2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # N11030** Feb 26, 2000 8:00 am 1. Entity Name Secretary of State TITUSVILLE SOCCER CLUB, INC. 02-26-2000 90056 021 ****61.25 Mailing Address Principal Place of Business **PO BOX 683** PO BOX 683 TITUSVILLE FL 32781 TITUSVILLE FL 32781-0683 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2846839 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) THORSTENSON, MONTY **3481 DUNN ST** MIMS FL 32754 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition TITLE ☐ Delete TITLE THORSTENSON, MONTY NAME NAME STREET ADDRESS STREET ADDRESS 3481 DUNN ST CITY-ST-ZIP CITY-ST-ZIF MIMS FL 32754 JIM KLRICH **VPD** 📈 Delete TITLE TITLE NAME 4870 ST. JAMES AVE NAME Bertot, ed STREET ADDRESS STREET ADDRESS 2875 ST. MARKS DRIVE TITUSUILLE PL 3278 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Change ☐ Addition ☐ Delete TD TITLE SOUZA, SANDRA J. NAME NAME STREET ADDRESS STREET ADDRESS 3245 MELODY AVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL Change ☐ Addition Delete TITLE treinen, James NAME STREET ADDRESS STREET ADDRESS 2618 RIVIERA DRIVE CITY-ST-7IF CITY-ST-ZIP TITU\$VILLE FL ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #