

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 91327 005 ****61.25

DOCUMENT # N11030

1. Entity Name

Titusville Soccer Club, Inc.

Principal Place of Business

Mailing Address

P.O. Box 683
Titusville, FL 32781

P.O. Box 683
Titusville, FL 32781

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

59-284-6839

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

7. Name and Address of New Registered Agent

Thorsten, Monty
3481 Dunn Street
Mims, FL 32754

Name

KRISINGHA, GAYLE

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

4080 ALPINE LANE

City

Titusville

FL

Zip Code

32780

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 GAYLE KRISINGHA, PRESIDENT

4-20-01

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:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THORSTENSON, MONTY
STREET ADDRESS 3481 DUNN AVENUE
CITY-ST-ZIP MIMS FL 32754 ☒ Delete

TITLE PD
NAME KRISINGHA, GAYLE
STREET ADDRESS 4080 ALPINE LANE
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ Change ☐ Addition

TITLE VPD
NAME WILRICH, JIM
STREET ADDRESS 4870 ST JAMES AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE VPD
NAME WILRICH, JIM
STREET ADDRESS 4870 ST JAMES AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change ☐ Addition

TITLE TD
NAME SOUZA, SANDRA J
STREET ADDRESS 3245 MELODY AVENUE
CITY-ST-ZIP TITUSVILLE FL ☒ Delete

TITLE TD
NAME JOAN BAYLESS
STREET ADDRESS 1754 POUNCIANA CIRCLE
CITY-ST-ZIP TITUSVILLE FL 32796 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Bayless

Date

4-20-01

Daytime Phone #

321-269-1854

CR2E037 (11/00)