

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90028 023 \*\*\*\*61.25

**DOCUMENT # N13220**

1. Entity Name

**INDIAN RIVER SOCCER ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 650611  
 VERO BEACH FL 32965-7611

Mailing Address

P.O. BOX 650611  
 VERO BEACH FL 32965-0611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARSHALL, VOYLES R JR**  
**395 13TH AVE**  
**VERO BCH FL 32962**

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

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 ~~VPD~~  
 NAME **FRITZ, MINER**  
 STREET ADDRESS ~~846 SAND FLY LANE~~  
 CITY-ST-ZIP **VERO BCH FL 32963**

☐ Delete

TITLE **SD**  
 NAME **LIBERTUCCI, JOSEPH**  
 STREET ADDRESS **10880 N A-1-A**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

☒ Delete

TITLE **PD**  
 NAME **FERGERT, FORD**  
 STREET ADDRESS **509 RIVER DR**  
 CITY-ST-ZIP **VERO BCH FL 32963**

☒ Delete

TITLE **TD**  
 NAME **VOYLES, MARSHALL R JR**  
 STREET ADDRESS **395 13TH AVE**  
 CITY-ST-ZIP **VERO BCH FL 32962**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE **PD**  
 NAME **Fritz Miner**  
 STREET ADDRESS **5660 Harmony Circle**  
 CITY-ST-ZIP **VERO Beach FL 32967**

☒ Change ☐ Addition

TITLE **VPD**  
 NAME **Joseph DiMauro**  
 STREET ADDRESS **6475 5th ST**  
 CITY-ST-ZIP **VERO Beach FL 32968**

☐ Change ☒ Addition

TITLE ~~SD~~  
 NAME ~~Ben Polk~~  
 STREET ADDRESS ~~515 Graftway Road~~  
 CITY-ST-ZIP ~~VERO Beach, FL 32963~~

☐ Change ☒ Addition

TITLE **SD**  
 NAME **Penny Campbell**  
 STREET ADDRESS **6170 4th ST**  
 CITY-ST-ZIP **VERO Beach FL 32968**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 another person empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/10/00 561/562-2325**

Date

Daytime Phone #

CR2E037 (9/99)