

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14827

1. Entity Name

MILTON SOCCER BOOSTER CLUB, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90022 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4950 DUCKS ROOST  
MILTON FL 32570  
US

4950 DUCKS ROOST  
MILTON FL 32570-8301  
US

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

59-2701440

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

SZYMONIAK, MARTHA  
4950 DUCKS ROOST  
MILTON FL 32570

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 PD ☐ Delete  
NAME WOOLARD, CRAIG  
STREET ADDRESS 5721 LORING DR  
CITY-ST-ZIP MILTON FL 32583

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

TITLE D ☒ Delete  
NAME JOHNSON, JEFFREY  
STREET ADDRESS 5741 HERMITAGE CIR  
CITY-ST-ZIP MILTON FL 32570

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

TITLE SD ☐ Delete  
NAME KUTCH, KIM  
STREET ADDRESS 5712 VERNA WAY  
CITY-ST-ZIP MILTON FL 32570

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

TITLE TD ☐ Delete  
NAME SZYMONIAK, MARTHA  
STREET ADDRESS 4950 DUCKS ROOST  
CITY-ST-ZIP MILTON FL 32570

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

TITLE VD ☒ Delete  
NAME HODGSON, TOMMY  
STREET ADDRESS 5695 RUSSELL DRIVE  
CITY-ST-ZIP MILTON FL 32570

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

TITLE D ☐ Delete  
NAME ALLEN, SUSAN  
STREET ADDRESS 6151 KATRINA DR  
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SZYMONIAK

Date

Daytime Phone #

4-16-00 623-9806

CR2E037 (9/99)