

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N14827

1. Entity Name

MILTON SOCCER BOOSTER CLUB, INC.

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

4. FEI Number

59-2701440

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

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 | <input type="checkbox"/> Delete |
| NAME | WOOLARD, CRAIG | |
| STREET ADDRESS | 5721 LORING DR | |
| CITY-ST-ZIP | MILTON FL 32583 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, JEFFREY | |
| STREET ADDRESS | 5741 HERMITAGE CIR | |
| CITY-ST-ZIP | MILTON FL 32570 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KUTCH, KIM | |
| STREET ADDRESS | 5712 VERNA WAY | |
| CITY-ST-ZIP | MILTON FL 32570 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SZYMONIAK, MARTHA | |
| STREET ADDRESS | 4950 DUCKS ROOST | |
| CITY-ST-ZIP | MILTON FL 32570 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | HODGSON, TOMMY | |
| STREET ADDRESS | 5695 RUSSELL DRIVE | |
| CITY-ST-ZIP | MILTON FL 32570 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALLEN, SUSAN | |
| STREET ADDRESS | 6151 KATRINA DR | |
| CITY-ST-ZIP | MILTON FL 32570 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

M. Szymoniak
SZYMONIAK, MARTHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-
 4-16-00 623-9806

CR2E037 (9/99)