2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 20, 2001 8:00 am
Secretary of State
05-03-2001 91162 047 ****61.25

DOCUMENT # N14827

1. Entity Name

MILTON SOCCER BOOSTER CLUB, INC.

LA

Principal Place of Business	Mailing Address
4950 DUCKS ROOST MILTON FL 32570 US	4950 DUCKS ROOST MILTON FL 32570 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5521 ANDROMEDA DR Suite, Apt. #, etc.	5521 ANDROMEDA DR Suite, Apt. #, etc.
City & State: MILTON FL	City & State: MILTON FL
Zip: 32570 Country: SANTA ROSA	Zip: 32570 Country: SANTA ROSA

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: Ned Darden Street Address (P.O. Box Number is Not Acceptable): 5521 ANDROMEDA DRIVE City: MILTON FL **FL** Zip Code: 32570

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: NED DARDEN MARTHA SZYMONIAK 6-18-01 4-27-1
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOOLARD, CRAIG 5721 LORING DR MILTON FL 32583	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Patrick Ropella 6988 Pine Blossom Rd MILTON FL 32570 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KUTCH, KIM 5712 VERNA WAY MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SZYMONIAK, MARTHA 4950 DUCKS ROOST MILTON FL 32570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tregsurer 5521 Ned Darden 4 ANDROMEDA DR. Milton FL 32570 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, SUSAN 6151 KATRINA DR MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Allen, Susan 6151 KATRINA DR MILTON FL 32570 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kim Kutch 5712 Verna Way Milton FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director CINDY SANBORN 7136 OAK St. Milton FL 32583	~~☐ Delete~~ ☒ Addition	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: MARTHA SZYMONIAK SIGNATURE REQUIRED 4-27-1 850-623-9406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #