

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90465 038 ****61.25

DOCUMENT # N14827

1. Entity Name

MILTON SOCCER BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**5521 ANDROMEDA DR
 MILTON FL 32570
 US**

**5521 ANDROMEDA DR
 MILTON FL 32570
 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

**DARDEN
~~DORDAN~~, NED
 5521 ANDROMEDA DR
 MILTON FL 32570**

*← PLEASE CORRECT
 SPELLING*

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 **ROPELLA, PATRICK**
 STREET ADDRESS **6988 PINE BLOSSOM ROAD**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **PD** ☐ Change ☒ Addition
 NAME **KEN BROOKS**
 STREET ADDRESS **6839 CAROLINE ST**
 CITY-ST-ZIP **MILTON, FL 32570**

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 **DARDEN, NED**
 STREET ADDRESS **5521 ANDROMEDA DR**
 CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **VPD** ☒ Delete
 NAME **ALLEN, SUSAN**
 STREET ADDRESS **6151 KATRINA DR**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **NPD** ☐ Change ☒ Addition
 NAME **KELLY MELGUEZ**
 STREET ADDRESS **476 HALSEY ST**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

NED DARDEN **NED DARDEN** Treasurer

4-30-02

850 623-0963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)