

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19049

1. Entity Name

CAPITAL SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4480 ARGYLE LANE
TALLAHASSEE FL 32311

P.O. BOX 10813
TALLAHASSEE FL 32302-2813

2. Principal Place of Business

3. Mailing Address

4482 Argyle Lane
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip
32308

Country

Zip

Country

4. FEI Number

59-2809388

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

NICKLAUS, RANDY
4482 ARGYLE LANE
TALLAHASSEE FL 32308

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 D ☐ Delete
NAME BURNSIDE, SKIP
STREET ADDRESS RT 17 BOX 1296
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS 2106 Olivia Drive
CITY-ST-ZIP 32308

TITLE T ☐ Delete
NAME CLARY, LOWELL R
STREET ADDRESS 2106 OLIVER DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS 2106 Olivia Drive
CITY-ST-ZIP 32308

TITLE S ☐ Delete
NAME HUDSON, CHESTER
STREET ADDRESS 9485 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE P ☐ Delete
NAME NICKLAUS, RANDY
STREET ADDRESS 8720 MANCHESTER COURT
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS 4482 Argyle Lane
CITY-ST-ZIP 32308

TITLE D ☐ Delete
NAME MARSHALL, BRIGETTE H.
STREET ADDRESS 2001 OLD ST. AUGUSTINE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS 6703 Pomona Court
CITY-ST-ZIP 32311

TITLE D ☐ Delete
NAME COHEN, BOB
STREET ADDRESS 1301 LAWDALE RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME VP
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:

Michael Olsen (Treasurer) 4/3/00 850/488-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90159 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

N 19049

A0035969

CAPITAL SOCCER ASSOCIATION, INC.

FEI Number: 59-2809388

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE	T
NAME	Michael Ohlsen
STREET ADDRESS	146 Teal Ln
CITY-ST-ZIP	Tallahassee, FL 32308

TITLE	D
NAME	Mark Pelt
STREET ADDRESS	7004 Azusa Rd.
CITY-ST-ZIP	Tallahassee, FL 32311

TITLE	D
NAME	Chris Moran
STREET ADDRESS	1918 Vineland Dr.
CITY-ST-ZIP	Tallahassee, FL 32311

TITLE	D
NAME	Jo Hutchison
STREET ADDRESS	1347 Lawndale Rd.
CITY-ST-ZIP	Tallahassee, FL 32311

TITLE	D
NAME	Verena Fields
STREET ADDRESS	2276 Hampshire Way
CITY-ST-ZIP	Tallahassee, FL 32308