

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90227 006 ****61.25

DOCUMENT # N19049

1. Entity Name

CAPITAL SOCCER ASSOCIATION, INC.

Principal Place of Business

~~4482 ARGYLE LANE~~
~~TALLAHASSEE FL 32308~~

Mailing Address

P.O. BOX 10813
TALLAHASSEE FL 32302-2813

2. Principal Place of Business

2106 Olivia Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number

59-2809388

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICKLAUS, RANDY
4482 ARGYLE LANE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **Lowell R. Clary**

Street Address (P.O. Box Number is Not Acceptable)

3106 Olivia Dr.

City

Tallahassee

FL

Zip Code

32308

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

TITLE **D** ☐ Delete
NAME **BURNSIDE, SKIP**
STREET ADDRESS **RT 17 BOX 1296**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P** ☐ Delete
NAME **CLARY, LOWELL R**
STREET ADDRESS **3106 OLIVIA DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **D** ☒ Delete
NAME **NICKLAUS, RANDY**
STREET ADDRESS **4482 ARGYLE LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☐ Delete
NAME **MARSHALL, BRIGETTE H.**
STREET ADDRESS **6703 PEMONA CT**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **V** ☐ Delete
NAME **COHEN, BOB**
STREET ADDRESS **1301 LAWNDALE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2106 Olivia Dr.**
CITY-ST-ZIP

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

TITLE ☒ Change ☒ Addition
NAME **treasurer**
STREET ADDRESS **VICKI C. Westmoreland**
CITY-ST-ZIP **P.O. Box 845**
Wauchusa, FL 32361

TITLE ☐ Change ☐ Addition
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:

Vicki C. Westmoreland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

(850) 997-4055

Date

Daytime Phone #

CR2E037 (10/00)