

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91503 019 ***150.00

DOCUMENT # N20638

1. Entity Name

FIRST HERNANDO YOUTH SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 3188
 SPRINGHILL FL 34606-0933**

**P.O. BOX 3188
 SPRINGHILL FL 34606-0933**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2806980

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOREMAN, ROBERT
 4201 TAMPICO TRAIL
 SPRING HILL FL 34607**

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 | FOREMAN, ROBERT | |
| STREET ADDRESS | 4201 TAMPICO TRAIL | |
| CITY-ST-ZIP | SPRING HILL FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WARD, TIM | |
| STREET ADDRESS | 1344 GATEWOOD AVE | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | COLON, RICK | |
| STREET ADDRESS | 12327 FILLMORE STREET | |
| CITY-ST-ZIP | SPRINGHILL FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CAPOZZA, ROBERT | |
| STREET ADDRESS | 2427 COVINGTON AVE | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, KIMBERLY | |
| STREET ADDRESS | 2349 HOLSTON AVENUE | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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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| 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:

SIGNATURE REQUIRED *Robert Foreman*

4/23/02 (352) 544-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)