

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23418

1. Entity Name

ZEPHYRHILLS YOUTH SOCCER LEAGUE, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90003 037 ****61.25

Principal Place of Business P O BOX 79 39835 CHANCEY RD. ZEPHYRHILLS FL 33539-0079 US	Mailing Address P. O. BOX 79 ZEPHYRHILLS FL 33539-0079 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3253636	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

RUCHTI, BETH
 36513 LAUREL OAK LANE
 DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name Lorraine Hinkle
 Street Address (P.O. Box Number is Not Acceptable)
5811 Beech Street
 City Zephyrhills FL Zip Code 33540

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 Lorraine Hinkle Treasurer/Registrar 5-1-00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, SONNY 5121 EPPING LANE ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBIN, CHRISTIAN 37512 SKYRIDE CIRCLE DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROSIER, WENDY 39208 6TH AVE ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINKLE, LORRAINE BEECH ST ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RUCHTI, BETH 36513 LAUREL OAK LN DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commissioner Karl Hinkle 5811 Beech St. Zephyrhills, FL 33540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registrar Lorraine Hinkle 5811 Beech St. Zephyrhills, FL 33540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorraine Hinkle 5-1-00 813-794-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)