

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23645

1. Entity Name

BUCHHOLZ SOCCER BOOSTERS, INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90194 025 \*\*\*\*61.25

Principal Place of Business

5510 NW 27TH AVENUE  
GAINESVILLE FL 32606

Mailing Address

5610 SW 88 COURT  
GAINESVILLE FL 32608-4319  
US

2. Principal Place of Business

3. Mailing Address

2636 NW 68 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32653

USA

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

COOPER, CLEVE  
5610 SW 88TH COURT  
GAINESVILLE FL 32608

Name Mike Meldrum

Street Address (P.O. Box Number is Not Acceptable)  
2636 NW 68 Ave

City Gainesville FL FL Zip Code 32653

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 checked="" type="checkbox"/> Delete
NAME	COOPER, CLEVE	
STREET ADDRESS	5610 SW 88 CT.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRAGGOS, GEORGE	
STREET ADDRESS	2124 SW-75 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MELDRUM, MICHAEL	
STREET ADDRESS	119 SW 75TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELOACH, BILLIE	
STREET ADDRESS	3850 N W 16TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, BARBARA	
STREET ADDRESS	1421 NW 51 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SURRENCY, SUSAN	
STREET ADDRESS	5645 SW 88TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Meldrum	
STREET ADDRESS	2636 NW 68 Ave	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Lawrence	
STREET ADDRESS	5003 NW 16 Place	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buford Davis	
STREET ADDRESS	2111 SW 44 Ave	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: BILLIE DELOACH Billie Deloach 4/20/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-338-1681

CR2E037 (9/99)