

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90309 038 ****61.25

DOCUMENT # N23645

1. Entity Name

BUCHHOLZ SOCCER BOOSTERS, INC.

Principal Place of Business

Mailing Address

**5510 NW 27TH AVENUE
 GAINESVILLE FL 32606**

**10022 SW 48TH PLACE
 GAINESVILLE FL 32608
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3154465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUCCIRELLI, LYNDA M
 10022 SW 48TH PLACE
 GAINESVILLE FL 32608**

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

Lynda M. Bucciarelli

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 ☐ Delete
 NAME **PT**
 STREET ADDRESS **HASTINGS, GEORGETTE**
 CITY-ST-ZIP **1116 NW 40TH TERRACE
 GAINESVILLE FL 32605**

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

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **SURRENCY, SUSAN**
 CITY-ST-ZIP **5645 SW 88TH COURT
 GAINESVILLE FL 32608**

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

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **SAUSAMAN, JEFF**
 CITY-ST-ZIP **8518 SW 21ST LANE
 GAINESVILLE FL 32607**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BUCCIRELLI, LYNDA**
 CITY-ST-ZIP **10022 SW 48TH PLACE
 GAINESVILLE FL 32608**

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **NAPPY, VIRGINIA**
 CITY-ST-ZIP **11303 SW 10TH LANE
 GAINESVILLE FL 32607**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RILEY, DENISE**
 CITY-ST-ZIP **8890 SW 45TH BLVD
 GAINESVILLE FL 32608**

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

Lynda M. Bucciarelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)
4/10/02 373-3677

CR2E037 (9/01)