

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29489

1. Entity Name

PLAYGROUND AREA SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 921
SHALIMAR FL 32579

P.O. BOX 921
SHALIMAR FL 32579-0921

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

59-2146670

Applied For

Not Applied

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

Name

RICHARD BAUER

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

107 PORT DR.

SHALIMAR

City

FL

Zip Code

32579

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

Richard Bauer

PRESIDENT

1-15-2000

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 PD
NAME HUPP, LORI
STREET ADDRESS 51 WOODHAM ST.
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☒ Delete

TITLE VD
NAME DEWRELL, SUSAN
STREET ADDRESS 145 LINSTEW DR.
CITY-ST-ZIP FT. WALTON BCH FL 32547 ☒ Delete

TITLE TD
NAME DEWRELL, SUSAN
STREET ADDRESS 145 LINSTEW DR.
CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☒ Delete

TITLE VD
NAME ALLEN, MARY
STREET ADDRESS 590 FAIRWAY CT
CITY-ST-ZIP FT WALTON BEACH FL 32545 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RICHARD BAUER
STREET ADDRESS 107 PORT DR
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Change ☒ Add

TITLE VD
NAME BOBBY MERRITT
STREET ADDRESS 797 GARY PLAYER LN
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Change ☒ Add

TITLE TD
NAME LEE JACKSON
STREET ADDRESS 14 DORAL DR
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Change ☒ Add

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

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

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:

Richard Bauer

RICHARD BAUER

1/15/00

850-862-9211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #