

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29489

1. Entity Name

PLAYGROUND AREA SOCCER ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 921
SHALIMAR FL 32579

Mailing Address

P.O. BOX 921
SHALIMAR FL 32579

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BAUER, RICHARD
107 PORT DR.
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME BAUER, RICHARD
STREET ADDRESS 107 PORT DR
CITY-ST-ZIP SHALIMAR FL 32579

TITLE VD ☒ Delete
NAME MERRITT, BOBBY
STREET ADDRESS 797 GARY PLAYER LN
CITY-ST-ZIP SHALIMAR FL 32579

TITLE TD ☐ Delete
NAME JACKSON, LEE
STREET ADDRESS 14 DORAL DR
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

Richard Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

850-651-8888

Daytime Phone #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90030 018 ****61.25

00010000



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2146670 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)