

2002 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 Jackson, Lee

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

14 Doral Dr

City Shalimar

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

Lee S Jackson

LEE S JACKSON

1/31/2002

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 BAUER, RICHARD
STREET ADDRESS 107 PORT DR
CITY-ST-ZIP SHALIMAR FL 32579 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Brellia, Keith
STREET ADDRESS 797 Gary Player Ln
CITY-ST-ZIP Shalimar, FL 32579 ☐ Change ☒ Addition

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

TITLE VD
NAME Waldrup, Mike
STREET ADDRESS 80 9th St.
CITY-ST-ZIP Shalimar, FL 32579 ☐ Change ☒ Addition

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

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

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

Lee S Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90168 002 ****61.25



DO NOT WRITE IN THIS SPACE

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