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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N35572 (9)**

1. Corporation Name

ORLANDO UNITED SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 568261
ORLANDO FL 32856-8261P.O. BOX 568261
ORLANDO FL 32856-8261

3. Date Incorporated or Qualified

12/06/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANG, THOMAS F.
390 N. ORANGE AVE.
SUITE 1300
ORLANDO FL 32801****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **TATE, BOB**
STREET ADDRESS **1246 MARKEL STREET**
CITY - ST - ZIP **WINTER GARDEN FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **S** ☐ DELETE
NAME **SHUMAN, GEORGE**
STREET ADDRESS **3416 GATLIN PL CIR**
CITY - ST - ZIP **ORLANDO FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **T** ☐ DELETE
NAME **MORRIS, LINDA**
STREET ADDRESS **3702 DALEFORD RD**
CITY - ST - ZIP **ORLANDO FL**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **8518 SHADY GLEN DRIVE**
3.4 CITY - ST - ZIP **ORLANDO FLA. 32819**TITLE **PD** ☐ DELETE
NAME **HUNTER, JEFF**
STREET ADDRESS **1039 LENMORE COURT**
CITY - ST - ZIP **ORLANDO FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **MEYER, MARY**
STREET ADDRESS **7241 WILLOWOOD ST**
CITY - ST - ZIP **ORLANDO FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeff Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/4/97**
Date**4078981687**
Daytime Phone # **0018010**

CR2E037 (9/96)