

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35572

1. Entity Name

ORLANDO UNITED SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 568261
ORLANDO FL 32856-8261

P.O. BOX 568261
ORLANDO FL 32856-8261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2999448

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

LANG, THOMAS F.
390 N. ORANGE AVE.
SUITE 1300
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ORCHILLES, JORGE
PO BOX 1650 N/A
WINDERMERE FL 34786 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHUMAN, GEORGE
3416 GATLIN PL CIR
ORLANDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JOHN SOMMERWILL
3809 SPRINGLAKE VILLAGE CT.
KISSIMMEE FL 34744 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MORRIS, LINDA
8518 SHADY GLEN DR
ORLANDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DAVID MARSH
3209 CATHERINE WHEEL CT.
ORLANDO FL 32812 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUNTER, JEFF
2523 MADRON CT
ORLANDO FL 32806 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CARLOS ZUBERIA
3673 GATLIN PL CIR.
ORLANDO FL 32812 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Jorge L. Orchilles
Jorge L. Orchilles

4/10/00

407 6562778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE