

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90132 008 \*\*\*\*\*61.25

**DOCUMENT # N35572**

1. Entity Name

**ORLANDO UNITED SOCCER CLUB, INC.**

Principal Place of Business

P.O. BOX 568261  
 ORLANDO FL 32856-8261

Mailing Address

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

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

TITLE VPD ☒ Delete  
 NAME SOMMERWILL, JOHN  
 STREET ADDRESS 3809 SPRINGLAKE VILLAGE ST  
 CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE T ☐ Delete  
 NAME MARSH, DAVID  
 STREET ADDRESS 3209 CHATERINE WHEEL CT  
 CITY-ST-ZIP ORLANDO FL 32812

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

TITLE S ☐ Delete  
 NAME ZUBIRIA, CARLOS  
 STREET ADDRESS 3673 GATLIN PL CIR  
 CITY-ST-ZIP ORLANDO FL 32812

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

TITLE VPD ☐ Delete  
 NAME CARL WEIRICH  
 STREET ADDRESS 541 TEACUP SPRINGS CT.  
 CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE ☐ Delete  
 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:

*Jorge L. Orchilles*  
**JORGE L. ORCHILLES**

**MAR 11, 02 407.905-2633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0907 (9/01)