## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N35572

Entity Name: ORLANDO UNITED SOCCER CLUB, INC.

FILED Jan 31, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 568261 ORLANDO, FL 328568261 **Current Mailing Address: New Mailing Address:** P.O. BOX 568261 ORLANDO, FL 328568261 FEI Number: 59-2999448 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANG, THOMAS F 390 N. ORANGE AVE. **SUITE 1300** ORLANDO, FL 32801 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition ORCHILLES, JORGE KRAFT, FRANKIE Name: Name: PO BOX 1650 N/A Address: 772 LICARIA DRIVE Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: OCOEE, FL 34761 Title: TD Title: (X) Change ( ) Addition ( ) Delete Name: MARSH, DAVID Name: PARRISH, JEFF A Address: 3209 CHATERINE WHEEL CT Address: 1828 SPARKLING WATER CIRCLE City-St-Zip: ORLANDO, FL 32812 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: () Change () Addition ZUBIRIA, CARLOS Name: Name: 3673 GATLIN PL CIR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: VPD ( ) Delete Title: () Change () Addition Name: WEIRICH, CARL Name: 541 TEACUP SPRINGS COURT Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF A PARRISH TD 01/31/2003