

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38510

1. Entity Name

LIGHTHOUSE SOCCER CLUB, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90101 013 ****70.00

Principal Place of Business

Mailing Address

8 SHADY LANE
TEQUESTA FL 33469

8 SHADY LANE
TEQUESTA FL 33469-2086

2. Principal Place of Business

16890 122ND DR. NORTH

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 2403

City & State

JUPITER, FL.

City & State

JUPITER, FL.

4. FEI Number

65-0201310

Applied For

Not Applicable

Zip

33478

Country

USA

Zip

33468-2403

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRVAN, WILLIAM A
8 SHADY LANE
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

GARY P. KINGSLEY

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

16890 122ND DRIVE NORTH

City

JUPITER

FL

Zip Code

33478

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

Gary P. Kingsley GARY P. KINGSLEY, PRESIDENT

4-25-2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GIRVAN, JEAN	
STREET ADDRESS	8 SHADY LN	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	AUDIN, KEVIN	
STREET ADDRESS	6620 WOOD LAKE ROAD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SHELTZ, WALTER	
STREET ADDRESS	6405 ROCKING HORSE RD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GIRVAN, WILLIAM A	
STREET ADDRESS	8 SHADY LANE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY P. KINGSLEY	
STREET ADDRESS	16890 122 ND DR. NORTH	
CITY-ST-ZIP	JUPITER, FL. 33478	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY EVANS	
STREET ADDRESS	18286 RIVER OAKS DR	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK BRECHBILL	
STREET ADDRESS	506 S. FEDERAL HWY	
CITY-ST-ZIP	STUART, FL. 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gary P. Kingsley GARY P. KINGSLEY

4-25-00

(561)743-3327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)