

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90017 023 *****70.00

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DOCUMENT # N38510

1. Entity Name

LIGHTHOUSE SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

16890 122ND DR NORTH
 JUPITER FL 33478

PO BOX 2403
 JUPITER FL 33468-2403

2. Principal Place of Business

3. Mailing Address

18286 River Oaks Dr

18286 River Oaks Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

Zip

Country

33458

USA

33458

USA

4. FEI Number

65-0201310

Applied For

Not Applicable

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

KINGSLEY, GARY P
 16890 122ND DRIVE NORTH
 JUPITER FL 33478

Name

Kathy W. Evans

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

18286 River Oaks Drive

City

Jupiter

FL

Zip Code

33458

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)

4/4/2001

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	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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene L. Tucker	
STREET ADDRESS	6899 Cypress Cove Circle	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Miller	
STREET ADDRESS	2100 SE Rand Road	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DSB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Johns	
STREET ADDRESS	703 Navaho Street	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY W. EVANS	
STREET ADDRESS	18286 River Oaks Dr	
CITY-ST-ZIP	Jupiter, FL 33458	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

Date

Daytime Phone #

CR2E037 (10/00)