

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44477

1. Entity Name

ANCIENT CITY SOCCER LEAGUE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90017 045 ****61.25

Principal Place of Business

GAMBLE ROGERS MIDDLE SCHOOL
 6250 US 1 SOUTH
 ST AUGUSTINE FL 32086
 US

Mailing Address

P.O. BOX 860217
 ST AUGUSTINE FL 32086-0217
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2171974

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

ACOSTA, DOTTIE
 200 THEODORE ST
 ST AUGUSTINE FL 32095

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 DPP
 NAME ACOSTA, JAMES L. ☒ Delete
 STREET ADDRESS 200 THEODORE STREET
 CITY-ST-ZIP ST. AUGUSTINE FL

TITLE PAST PRESIDENT ☒ Change ☐ Addition
 NAME JOSEPH WEBB
 STREET ADDRESS 606 MULLIGAN WAY
 CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE PD ☒ Delete
 NAME WILSON UPCHURCH, TRACY
 STREET ADDRESS 398 OLD QUARRY ROAD
 CITY-ST-ZIP ST. AUGUSTINE-FL 32084

TITLE PRESIDENT ☐ Change ☒ Addition
 NAME MICAH CLUKEY
 STREET ADDRESS 106 N. MATANZAS BLVD
 CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE VD ☐ Delete
 NAME WEBB, JOE
 STREET ADDRESS 606 MULLIGAN WAY
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE SEC. ☒ Addition
 NAME EVELYN HUGH
 STREET ADDRESS 5418 2ND ST.
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE SD ☒ Delete
 NAME MAGUIRE, SHARON
 STREET ADDRESS 3 TALAVERA COURT
 CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE TREAS. ☐ Change ☐ Addition
 NAME JOAN CROWELL
 STREET ADDRESS 3160 MAC RD.
 CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE TD ☐ Delete
 NAME CROWELL, JOAN
 STREET ADDRESS 3160 MAC ROAD
 CITY-ST-ZIP ST. AUGUSTINE FL 32086

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:

JOSEPH N. WEBB
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APR 00

Date

904 824-1636

Daytime Phone #

CR2E037 (9/99)