

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90109 036 \*\*\*\*61.25

**DOCUMENT # N44477**

1. Entity Name

**ANCIENT CITY SOCCER LEAGUE, INC.**

Principal Place of Business

Mailing Address

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

**P.O. BOX 860217  
 ST AUGUSTINE FL 32086  
 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 NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> <b>WEBB, JOSEPH</b> <b>606 MULLIGAN WAY</b> <b>ST. AUGUSTINE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> <b>CLUKEY, MICAH</b> <b>106 NORTH MATANZAS BLVD.</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VD</b> <b>WEBB, JOE</b> <b>606 MULLIGAN WAY</b> <b>ST. AUGUSTINE FL 32084</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>T</b> <b>CROWELL, JOAN</b> <b>3160 MAC ROAD</b> <b>ST AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>TD</b> <b>CROWELL, JOAN</b> <b>3160 MAC ROAD</b> <b>ST. AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>S</b> <b>HOUGH, EVELYN</b> <b>5418 2 STREET</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>President-Elect D</b> <b>Brooks, Toni</b> <b>841 White Eagle Circle</b> <b>St. Augustine, FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VD</b> <b>Cluley, Micah</b> <b>106 North Matanzas Blvd</b> <b>St. Augustine, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>President D</b> <b>Hough, Evelyn</b> <b>5418 2 Street</b> <b>St. Augustine, FL 32086</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

**904-797-4671**

Daytime Phone #

CR2E037 (10/00)