

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44477

1. Entity Name

ANCIENT CITY SOCCER LEAGUE, INC.

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
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 PED ☐ Delete
NAME BROOKS, TONI
STREET ADDRESS 841 WHITE EAGLE CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CLUKEY, MICAH
STREET ADDRESS 106 NORTH MATANZAS BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☐ Delete
NAME HOUGH, EVELYN
STREET ADDRESS 992 COLONIAL DRIVE
CITY-ST-ZIP SAINT 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:

JOAN C. CROWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 904-797-4671

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE