

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91630 032 ****70.00

DOCUMENT # N45156

1. Entity Name

FIRST COAST SOCCER, INC.

Principal Place of Business

~~40001 30 SAN JOSE BLVD~~
~~SUITE 144~~
~~JACKSONVILLE FL 32223~~
~~US~~

AND →

Mailing Address

40001 30 SAN JOSE BLVD
 SUITE 144
 JACKSONVILLE FL 32223
 US

2. Principal Place of Business

11735 MANDARIN FOREST DRIVE

3. Mailing Address

SEE LEFT SIDE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

SEE LEFT SIDE

4. FEI Number

59-3090428

Applied For

Not Applicable

Zip

32223

Country

USA.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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]

MICHAEL S. OSBORNE.

APR 15 2002

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	TD	<input type="checkbox"/> Delete
NAME	OSBORNE, MICHAEL S	
STREET ADDRESS	11735 MANDARIN FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VPAD	<input type="checkbox"/> Delete
NAME	COOLEY, JASON	
STREET ADDRESS	11077 RIDGE POINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTNETT, WILLIAM	
STREET ADDRESS	5044 MARBLE EGRET DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VPAD	<input type="checkbox"/> Delete
NAME	GORDON, DON	
STREET ADDRESS	11510 SHADY MEADOW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VPAD	<input type="checkbox"/> Delete
NAME	BLANCHARD, JAMES	
STREET ADDRESS	4301 NETTLEWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VPGD	<input type="checkbox"/> Delete
NAME	MENTZEL, JACK	
STREET ADDRESS	12334 TEAL COURT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD LIPPES	
STREET ADDRESS	2920 FOREST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY VICKERS	
STREET ADDRESS	6333 WOOD VALLEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
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]

MICHAEL S. OSBORNE 9042600037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)