

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90183 014 \*\*\*\*70.00

0100687

**DOCUMENT # N45156**

1. Entity Name  
**FIRST COAST SOCCER, INC.**



Principal Place of Business

~~11735 MADARIN FOREST DRIVE  
JACKSONVILLE FL 32223  
US~~

Mailing Address

~~11735 MADARIN FOREST DRIVE  
JACKSONVILLE FL 32223  
US~~

2. Principal Place of Business

**P.O. Box 57065**

3. Mailing Address

**P.O. Box 57065**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32241**

Country

**U.S.**

Zip

**32241**

Country

**U.S.**

4. FEI Number **59-3090428**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OSBORNE, MICHAEL S</b>	
STREET ADDRESS	<b>11735 MANDARIN FOREST DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>VPAD</b>	<input type="checkbox"/> Delete
NAME	<b>COOLEY, JASON</b>	
STREET ADDRESS	<b>11077 RIDGE POINT DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HARTNETT, WILLIAM</b>	
STREET ADDRESS	<b>5044 MARBLE EGRET DR S</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LIPPES, HAROLD</b>	
STREET ADDRESS	<b>2920 FOREST CIRCLE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VICKERS, NANCY</b>	
STREET ADDRESS	<b>6333 WOOD VALLEY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>VPGD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENTZEL, JACK</b>	
STREET ADDRESS	<b>12334 TEAL COURT ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gottlieb, Jeffrey S.</b>	
STREET ADDRESS	<b>4221 Vic Vekovic Circle</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: **Jeffrey S. Gottlieb**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/02 904-858-2748**