

FILED
Sep 10, 2001 8:00 am
Secretary of State

08-24-2001 90002 034 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46007

1. Entity Name

COLUMBIA SOCCER BOOSTERS, INC.

Principal Place of Business

RT 10 BOX 258
LAKE CITY FL 32024
US

Mailing Address

P.O. BOX 2819
LAKE CITY FL 32024
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

NOT APPLICABLE.

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

LUSSIER, GREG
RT 4 BOX 244-R
LAKE CITY FL 32024

Name

James Richardson
Street Address (P.O. Box Number is Not Acceptable)

300 club view circle

City

Lake City

FL

Zip Code

32025

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

After September 12, 2001, min. will be \$236.25

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 PD
NAME LUSSIER, GREG
STREET ADDRESS RT 4 BOX 244-R
CITY-ST-ZIP LAKE CITY FL 32024 ☒ Delete

TITLE D
NAME James Richardson
STREET ADDRESS 300 club view circle
CITY-ST-ZIP Lake City, FL 32025 ☒ Change ☐ Addition President

TITLE VPD
NAME HUNT, GLORIA
STREET ADDRESS RT 4 BOX 190-2
CITY-ST-ZIP LAKE CITY FL ☒ Delete

TITLE D
NAME Barbara Norris
STREET ADDRESS Rt 1 Box 191E
CITY-ST-ZIP Lake City, FL 32025 ☒ Change ☐ Addition Vice-Pres.

TITLE TD
NAME GRAHAM, DENISE
STREET ADDRESS 23 CAROLINE AVE
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE D
NAME Iris Rowan
STREET ADDRESS Rt. 17 Box 817
CITY-ST-ZIP Lake City, FL 32025 ☒ Change ☐ Addition Sect

TITLE SD
NAME REESE, DONNA
STREET ADDRESS P.O. BOX 1204
CITY-ST-ZIP LAKE CITY FL 32024 ☒ Delete

TITLE D
NAME Denise Graham
STREET ADDRESS 23 S.W. Caroline Court
CITY-ST-ZIP Lake City, FL 32025 ☒ Change ☐ Addition Tres.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)