

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90147 034 \*\*\*\*61.25

**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

**RICHARDSON, JAMES**  
**300 CLUB VIEW CIRCLE**  
**LAKE CITY FL 32025**

7. Name and Address of New Registered Agent

Name **Barbara Norris**  
Street Address (P.O. Box Number is Not Acceptable)  
**Rt 1 Box 191E**  
City **Lake City** **FL** Zip Code **32055**

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 *James Richardson* *Barbara Norris*  
Signature, typed or printed name of registered agent and title if applicable. (If Registered Agent signature required when reinstating)

**4/7/03**  
DATE

**FILE NOW: FEE \$ \$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 **PD** ☒ Delete  
NAME **RICHARDSON, JAMES**  
STREET ADDRESS **300 CLUB VIEW CIRCLE**  
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Marjorie Rigdon**  
STREET ADDRESS **Rt 22 Box 630**  
CITY-ST-ZIP **Lake City FL 32024**

TITLE **VPD** ☐ Delete  
NAME **NORRIS, BARBARA**  
STREET ADDRESS **RT 1 BOX 191E**  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Barbara Norris**  
STREET ADDRESS **Rt 1 Box 191E**  
CITY-ST-ZIP **Lake City FL 32055**

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

TITLE **TD** ☐ Change ☒ Addition  
NAME **Rowand, Nancy**  
STREET ADDRESS **Rt 8 Box 920**  
CITY-ST-ZIP **Lake City FL 32055**

TITLE **SD** ☐ Delete  
NAME **ROWAN, IRIS**  
STREET ADDRESS **RT 17 BOX 817**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

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:

*James Richardson*  
**UNRECORDED**

**4/7/03**

CR2E037 (10/02)