

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000244

1. Entity Name

EAST ORANGE SOCCER CLUB, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90004 032 ****61.25

Principal Place of Business

P O BOX 677185
ORLANDO FL 32867
US

Mailing Address

P O BOX 677185
ORLANDO FL 32867
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

59-3162619

☒ 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

DHUY, RONALD
7912 MONTEZUMA TRAIL
ORLANDO FL 32825

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

7-10-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	DHUY, RON	
STREET ADDRESS	7912 MONTEZUMA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RENDON, DAIR	
STREET ADDRESS	914 TECTRO CT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	DHUY, JODIE	
STREET ADDRESS	7912 MONTEZUMA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, KEN	
STREET ADDRESS	10054 CHESTNUT DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Quijano	
STREET ADDRESS	3396 Hillmont Circle	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Coons	
STREET ADDRESS	2412 Juno Ave	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ella Cornell	
STREET ADDRESS	960 Scandia Lane	
CITY-ST-ZIP	Orlando, FL 32825	
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		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 407-381-0311

Date

Daytime Phone #

CR2E037 (5/00)