

2002 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-08-2002 90048 030 ****61.25

DOCUMENT # N93000000244

1. Entity Name

EAST ORANGE SOCCER CLUB, INC.

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

COONS, JEFFREY L
2412 JUNO AVENUE
ORLANDO FL 32817

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COONS, JEFFREY L	
STREET ADDRESS	2412 JUNO AVENUE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, KEN	
STREET ADDRESS	10054 CHESTNUT DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOFYE, JOHN	
STREET ADDRESS	4536 BRIDGETON LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	<input type="checkbox"/> Delete
NAME	COONS, HEATHER	
STREET ADDRESS	2412 JUNO AVENUE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input type="checkbox"/> Delete
NAME	TICE, KATHIE	
STREET ADDRESS	2150 CHURCHILL DOWNS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cherie Martin	
STREET ADDRESS	2139 Pimlico St	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Willings	
STREET ADDRESS	14178 Del Jean Cr	
CITY-ST-ZIP	Orlando, FL 32828	
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

4/20/02

Date

407-737-8825

Daytime Phone

CR2E037 (9/01)