2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2002 8:00 am ⁵ Secretary of State DOCUMENT # **N93000001989** 1. Entity Name TARPON SPRINGS YOUTH SOCCER ASSOCIATION, INC. 03-27-2002 90018 004 ****61.25 Principal Place of Business Mailing Address 921 E. KLOSTERMAN RD. 921 E. KLOSTERMAN RD. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3178415 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ... Street Address (P.O. Box Number is Not Acceptable) GERMINO, MICHAEL 921 E. KLOSTERMAN RD. TARPON SPRINGS FL 34689 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition NAME GERMINO, MICHAEL NAME STREET ADDRESS 921 E. KLOSTERMAN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 TITI F TD Delete TITLE X Change ☐ Addition WELCH, SUSAN NAME WELCH, SUSA NAME STREET ADDRESS 921 E. KLOSTERMAN RD. STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME WELCH, ROBERT NAME STREET ADDRESS |921 E. KLOSTERMAN RD. STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP **VP** TITLE Delete TITLE EN DEAS Change ★ Addition NAME HEJL. SAVE NAME 921 E. KLOSTEKMIN RD STREET ADDRESS 921 E. KLOSTERMAN RD. STREET ADDRESS TARPON SYRANGS , FL 34689 CITY-ST-ZIP Tarpon Springs FL 34689 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

2mmu ? SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filling 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.