

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 029 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000002536

1. Entity Name

PEACE RIVER YOUTH SOCCER ASSOCIATION, INC. ✓

Principal Place of Business	Mailing Address
895 OAKWOOD LOOP, SOUTH BARTOW FL 33830	P.O. BOX 186 BARTOW FL 33831-0282 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	59-3228400	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGNETICO, SAL
895 OAKWOOD LOOP, SOUTH
BARTOW FL 33830

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTLER, JOEL D	
STREET ADDRESS	2065 E. CHEROKEE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DENEVE, MICHAEL J	
STREET ADDRESS	2065 E. CHEROKEE	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUM, GREGORY R	
STREET ADDRESS	4916 IRONWOOD TR.	
CITY-ST-ZIP	BARTOW FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUTLER, VALERIE	
STREET ADDRESS	P.O. BOX 186 N/A	
CITY-ST-ZIP	BARTOW FL 33831	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William CRIBB	
STREET ADDRESS	4910 Ironwood TR	
CITY-ST-ZIP	Bartow FL 33830	
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		
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: Valerie Butler REVENUE: Butler 7-10-02 863-533-5714

CR2E037 (4/02)