## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # N93000005737 May 22, 2000 8:00 am 1. Entity Name Secretary of State KISSIMMEE VALLEY ALL COUNTY YOUTH SOCCER, INC. 05-22-2000 90030 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 2208 JESSICA LN PO BOX 451452 KISSIMMEE FL 34744 KISSIMMEE FL 34745-1452 2. Principal Place of Business 3. Mailing Address 3105 Pastures Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Gitv & State 59-3218332 SSIMMEL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FORBES, CINDY 2208 JESSICA LN KISSIMMEE FL 34744 Zio Gode City 1. . . . . 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD Delete President Change TITLE FORBES, CINDY NAME Jeannette Williams NAME 13105 Pastures Rd. STREET ADDRESS 2208 JESSICA LN STREET ADDRESS 34746 CITY-ST-ZIP KISSIMMEE FL 34744 Kissimmee FL Ron Burnett, V. President Delete ☐ Addition TITLE TITLE PICCONI, VINCE NAME 3840 Cord Avenue STREET ADDRESS 2327 MID-TOWNE TERR STREET ADDRESS St. Cloud FL 34772 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 ☐ Addition Shelly Burnett, Treasurer 3840 Cord Avenue Delete TITLE STARLING, FLORENCE NAME STREET ADDRESS 4854 ORIOLE DR STREET ADDRESS St. Cloud Fl CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34772 ☐ Addition SD TITLE Change TIT! F ☐ Delete MURRAY, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 1139 EDEN DR CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34771 David Smith Registrar ☐ Change **■** Addition TIT! F □ Delete NAME NAME 1003 Tony Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ndy Forbes, Past President TITLE ☐ Delete NAME NAME 2208 Jessicalane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sissimmee 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.