**FILED** 

Williams 46/01 407-935-0456
Date Dayling Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 16, 2001 8:00 am DOCUMENT # N9300005737 Secretary of State 1. Entity Name 02-16-2001 90005 036 \*\*\*\*61.25 KISSIMMEE VALLEY ALL COUNTY YOUTH SOCCER, INC. Principal Place of Business Mailing Address 2208 JESSICA LN PO BOX 451452 920100 KISSIMMEE FL 34744 KISSIMMEE FL 34745-1452 US 2. Principal Place of Business 3105 Pastures Road 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3218332 rissimmee Not Applicable Zip ----Country \$8.75 Additional > 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jeannette R. Williams Street Address (P.O. Box Number is Not Acceptable) FORBES, CINDY 2208 JESSICA LN Pastures Koad KISSIMMEE FL 34744 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 Jeannette R. Williams - President FILE NOW: \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete PD Change TITLE TITI F ☐ Addition Jeannette Rwilliams 3105 Pastures Rd FORBES, CINDY NAME NAME STREET ADDRESS STREET ADDRESS 2208 JESSICA LN FL 34746 CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP tissimmee. VD. Delete Change TITLE TITLE ☐ Addition Ron Burnett PICCONI, VINCE NAME 3840 Cord Ave. STREET ADDRESS 2327 MID-TOWNE TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 5+. Cloud. FL 34772 ORLANDO FL 32839 Delete Change TITLE TIT! F ☐ Addition Shelley Burnett 3840 Cord Ave. STARLING, FLORENCE NAME NAME STREET ADDRESS 4854 ORIOLE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34772 ST CLOUD FL 34772 St. Cloud. FL Change ☐ Addition TITLE Delete TITLE NAME MURRAY, DAVID NAME STREET ADDRESS 1139 EDEN DR STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ST CLOUD FL 34771 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE: