

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005737

1. Entity Name

GREATER OSCEOLA UNITED SOCCER CLUB, INC.

Principal Place of Business

1400 SUGAR CANE DRIVE
KISSIMMEE FL 34744
US

Mailing Address

PO BOX 451452
KISSIMMEE FL 34745-1452

2. Principal Place of Business

3. Mailing Address

1400 SUGAR CANE DR

Suite, Apt. #, etc.

KISSIMMEE, FL

City & State

City & State

Zip

Country

34744

USA

4. FEI Number

59-3218332

Applied For

Not Applicable

5. Certificate of Status Desired ~ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEVENGER, GEORGE R
1400 SUGAR CANE DRIVE
KISSIMMEE FL 34744

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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JEANNETTE R	
STREET ADDRESS	3105 PASTURES ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, RON	
STREET ADDRESS	3840 CORD AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, SHELLEY	
STREET ADDRESS	3840 CORD AVE	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, DAVID	
STREET ADDRESS	1139 EDEN DR	
CITY-ST-ZIP	ST CLOUD FL 34771	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVENGER, GEORGE R.	
STREET ADDRESS	1400 SUGAR CANE DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAJI, MOHSEN	
STREET ADDRESS	2225 WOODSTEM COURT	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, RONALD	
STREET ADDRESS	1003 SHAWANDA LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, TERESA	
STREET ADDRESS	5000 DISSTON DRIVE	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
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:

GEORGE R. CLEVENGER 2/26/02

(407) 870-0653

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90068 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)