

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005745

1. Entity Name

LEGACY SOCCER FOUNDATION, INC.

Principal Place of Business

1230 E. HILLCREST STREET  
ORLANDO FL 32803  
US

Mailing Address

P.O. BOX 3481  
WINTER PARK FL 32790-3481  
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

59-3238550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCTOR, JAMES J  
215 N. EOLA DRIVE  
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ADAMS, LARRY	P.O. BOX 3481	WINTER PARK FL 32790	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	AGOOS, ANDY	P.O. BOX 3481	WINTER PARK FL 32790	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	CLARY, MICHAEL	P.O. BOX 3481	WINTER PARK FL 32790	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SCHIRM-NEISWENDER, JOANIE	P.O. BOX 3481	WINTER PARK FL 32790	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.29.00

CR2E037 (9/99)