


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90165 018 ****61.25

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
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ADAMS, LARRY | |
| STREET ADDRESS | P.O. BOX 3481 | |
| CITY-ST-ZIP | WINTER PARK FL 32790 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | AGOOS, ANDY | |
| STREET ADDRESS | P.O. BOX 3481 | |
| CITY-ST-ZIP | WINTER PARK FL 32790 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | CLARY, MICHAEL | |
| STREET ADDRESS | P.O. BOX 3481 | |
| CITY-ST-ZIP | WINTER PARK FL 32790 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHIRM-NEISWENDER, JOANIE | |
| STREET ADDRESS | P.O. BOX 3481 | |
| CITY-ST-ZIP | WINTER PARK FL 32790 | |
| 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 | | <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 | | |
| 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: SIGNATURE REQUIRED **8-15-03** **607-898-1818 x113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)