

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002905

1. Entity Name

CALLAHAN SOCCER CLUB, INCORPORATED

Principal Place of Business

2727 LEM TURNER RD
CALLAHAN FL 32011
US

Mailing Address

P O BOX 1425
CALLAHAN FL 32011-1425
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 59-3254477

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

GILLIS, BONITA L
2727 LEM TURNER RD
CALLAHAN FL 32011

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 PD
NAME GILLIS, BONITA L
STREET ADDRESS 2727 LEM TURNER RD
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME WHEELER, DAWN
STREET ADDRESS 3873 HAZEL JONES RD
CITY-ST-ZIP CALLAHAN FL 32011 ☒ Delete

TITLE SD
NAME Zeiglebauer, Terri
STREET ADDRESS 3366 Maria Ave.
CITY-ST-ZIP CALLAHAN, FL 32011 ☐ Change ☒ Addition

TITLE VD
NAME HARRISON, DIANE
STREET ADDRESS RT 1 BOX 308
CITY-ST-ZIP BRACEVILLE FL 32009 ☒ Delete

TITLE VD
NAME MOREHEAD, Larry
STREET ADDRESS 2418 Jonas Rd.
CITY-ST-ZIP Callahan, Fl. 32011 ☐ Change ☒ Addition

TITLE TD
NAME THOMAS, PAMELA
STREET ADDRESS 3439 LISA DR
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

Bonita L. Gillis 3/24/00 904-879-1855

CR2E037 (9/99)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90073 040 ****61.25



DO NOT WRITE IN THIS SPACE