

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # N94000002905****1. Entity Name**
CALLAHAN SOCCER CLUB, INCORPORATED

Principal Place of Business	Mailing Address
2727 LEM TURNER RD	P O BOX 1425
CALLAHAN FL 32011 US	CALLAHAN FL 32011 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
59-3254477Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGILLIS BONITA L
2727 LEM TURNER RD

CALLAHAN FL
32011**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** **BONITA L. GILLIS****04/29/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	VD	<input type="checkbox"/> Delete
NAME	MOREHEAD LARRY	
STREET ADDRESS	2618 JONAS RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZEIGLEBAUER TERRI	
STREET ADDRESS	3366 MARIA AVE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS PAMELA	
STREET ADDRESS	3439 LISA DR	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILLIS BONITA L	
STREET ADDRESS	2727 LEM TURNER RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS MARIELLA	
STREET ADDRESS	1081 PETREERD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREHEAD RENAE	
STREET ADDRESS	2618 JONAS RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
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)(f), 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:**

Pamela Thomas

TD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)