

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #N9500002835

1. Entity Name

ESCAROSA SOCCER LEAGUE, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90020 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

2130 SUMMIT BLVD.

3. Mailing Address

2130 SUMMIT BLVD.

Suite, Apt. #, etc.

VICKREY CENTER

Suite, Apt. #, etc.

VICKREY CENTER

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

Applied 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 Agent

7. Name and Address of New Registered Agent

Name

NORRY B. HERSEY

Street Address (P.O. Box Number is Not Acceptable)

4733 MARINA DRIVE

City

GULF BREEZE

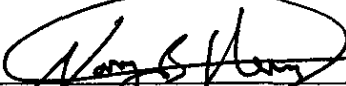
FL

Zip Code

32561

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



NORRY B. HERSEY

5/27/00

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  
 PRESIDENT  
 NORRY B. HERSEY  
 4733 MARINA DRIVE  
 GULF BREEZE, FL 32561 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
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☐ Change ☐ Addition

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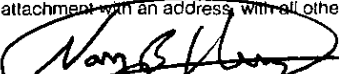
TITLE  
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☐ Delete

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 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:



NORRY B. HERSEY

5/23/00

850-934-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #