

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-12-2001 90051 043 ****61.25

DOCUMENT # N95000002965

1. Entity Name

GREATER ARLINGTON SOCCER CLUB, INC.

Principal Place of Business

11751 MCCORMICK RD
 JACKSONVILLE FL 32225

Mailing Address

3562 JACQUELINE DRIVE
 JACKSONVILLE FL 32277

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6725 Button Tree Ln

Jacksonville, FL

32277

USA

4. FEI Number

59-3326220

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

Name

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

City

FL

Zip Code

DOYLE, WILLIAM E
 1301 RIVERPLACE BLVD.
 SUITE 2600
 JACKSONVILLE FL 32207

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

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BERNARD, JOHN
 6725 BUTTON TREE LN
 JACKSONVILLE FL 32277

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HOLFINGER, JACQUELYN
 3562 JACQUELINE DRIVE
 JACKSONVILLE FL 32277

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SPARKS, BARBARA
 14130 PLEASANT POINT LN
 JACKSONVILLE FL 32246

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BERNARD

5129/01

Date

Daytime Phone #

CR2E037 (10/00)