

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003642

1. Entity Name

PACE HIGH SCHOOL SOCCER BOOSTERS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90008 005 ****61.25

Principal Place of Business

4065 NORRIS ROAD
 PACE FL 32571

Mailing Address

P.O. BOX 1087
 PACE FL 32571
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BENTON, STEVEN L
 3918 WILEY PENTON RD
 PACE FL 32571

7. Name and Address of New Registered Agent.

Name Salomon, Ferd
 Street Address (P.O. Box Number is Not Acceptable)
3201 St. Andrews Dr.
 City Pace FL Zip Code 32571

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
After September 13, 2000 min. will be \$236.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SEEVERS, ROBERT W., JR	
STREET ADDRESS	3731 SADDLE CLUB CIR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	VELARDE, ROBERT	
STREET ADDRESS	4288 7TH AVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BENTON, STEVEN L	
STREET ADDRESS	3918 WILEY PENTON RD	
CITY-ST-ZIP	PACE FL 32571	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MAZUREK, CAMILLA	
STREET ADDRESS	3440 WESLEYAN CT	
CITY-ST-ZIP	PACE FL 32571	
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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salomon, Ferd	
STREET ADDRESS	3201 St. Andrews Dr.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bowles, JIM	
STREET ADDRESS	4519 Amberwood CT	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LeBlanc, Nancy	
STREET ADDRESS	3436 Riverhill Dr.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hale, Laura	
STREET ADDRESS	3991 Adams Rd.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Beckie	
STREET ADDRESS	4916 Forest Creek Dr.	
CITY-ST-ZIP	Pace, FL 32571	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)