

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000003993**1. Entity Name  
**BROOKSVILLE UNITED SOCCER ASSOCIATION, INC.**Principal Place of Business  
720 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601  
Mailing Address  
P.O. BOX 96  
BROOKSVILLE FL 346012. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3324382**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**NICHOLS CHERYL  
720 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601 US**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 \_\_\_\_\_ 06/21/2001  
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          | DD                   | <input type="checkbox"/> Delete |
| NAME           | DINUNZIO RONALD C    |                                 |
| STREET ADDRESS | 9489 WALLIEN DR.     |                                 |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601 |                                 |
| TITLE          | DR                   | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS CHRISTIE    |                                 |
| STREET ADDRESS | 34 OAK ST            |                                 |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601 |                                 |
| TITLE          | DS                   | <input type="checkbox"/> Delete |
| NAME           | NICHOLS CHERYL       |                                 |
| STREET ADDRESS | 1014 WHITNEY DR.     |                                 |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601 |                                 |
| TITLE          | DT                   | <input type="checkbox"/> Delete |
| NAME           | NELSON BRIAN         |                                 |
| STREET ADDRESS | 3287 RACKLEY RD.     |                                 |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601 |                                 |
| TITLE          | DVP                  | <input type="checkbox"/> Delete |
| NAME           | WEAVER MARK          |                                 |
| STREET ADDRESS | 24470 LAMARK RD.     |                                 |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601 |                                 |
| TITLE          | DP                   | <input type="checkbox"/> Delete |
| NAME           | SINGER RICK          |                                 |
| STREET ADDRESS | 19245 CORTEZ BLVD.   |                                 |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601 |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STEINKAMP CARL DR<  |
| STREET ADDRESS | 19494 CORTEZ BLVD   |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601  |
| TITLE          | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | NICHOLS CHERYL  |
| STREET ADDRESS | 1014 WHITEWAY DRIVE   |
| CITY-ST-ZIP    | BROOKSVILLE FL 34601  |
| 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: Cheryl Nichols**

SEC

06/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)