

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90082 033 ****61.25

DOCUMENT # N95000003993

1. Entity Name

BROOKSVILLE UNITED SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**720 PONCE DE LEON BLVD.
 BROOKSVILLE FL 34601**

**P.O. BOX 96
 BROOKSVILLE FL 34601**

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

59-3324382

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

**NICHOLS, CHERYL
 720 PONCE DE LEON BLVD.
 BROOKSVILLE FL 34601**

Name ~~SANDI McNEAL~~ **TOM MOUNTAIN**
 Street Address (P.O. Box Number is Not Acceptable)
~~12159 GREENWOOD ST.~~
23250 TURKEY TROT LN.
 City **BROOKSVILLE** **FL** Zip Code **34601**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SINGER, RICK	
STREET ADDRESS	19245 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, MARK	
STREET ADDRESS	24470 LAMARK RD.	
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	DS	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, CHERYL	
STREET ADDRESS	1014 WHITEWAY DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	STEINKAMP, CARL DR<	
STREET ADDRESS	19494 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	DINUNZIO, RONALD C	
STREET ADDRESS	9489 WALLIEN DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNTAIN, TOM	
STREET ADDRESS	23250 TURKEY TROT LN.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENKAMP, CARL	
STREET ADDRESS	126 MT. FAIR AVE.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRADER, DAVID	
STREET ADDRESS	273 W. JEFFERSON ST.	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETHORN, STACEY	
STREET ADDRESS	9173 SIKES COWPEN RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDI McNEAL	
STREET ADDRESS	12159 GREENWOOD ST.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	OD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT McGOOKBY	
STREET ADDRESS	24294 MONDON HILL RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	

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:

TOM MOUNTAIN, PRESIDENT 3/19/02 (352) 796-9423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0086104

CP2E037 (9/01)

Attachment

TITLE:

CD

#N95000003993

NAME:

LEHMAN, RON

758867

STREET ADDRESS:

17141 BENES ROUSH RD.

CITY-STATE-ZIP:

BROOKSVILLE, FL 34609

TITLE:

CD

NAME:

MARLOTTE, MARK

STREET ADDRESS:

26109 GERONIMO ST.

CITY-STATE-ZIP:

BROOKSVILLE, FL 34601