

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90079 017 ****61.25

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 34601

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 96
Suite, Apt. #, etc.

City & State

City & State
Brooksville, Florida

Zip Country
34605-0096 Hemando



☒ CHECK HERE IF MAKING CHANGES

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

MOUNTAIN, TOM
23250 TURKEY TROT LN
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name
TOM Mountain
Street Address (P.O. Box Number is Not Acceptable)
966 Candlelight Blvd.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tom Mountain, President*

7/28/03

Signature, typed or printed name of registered agent, and title if applicable.

NOTE: Registered Agent signature required when instituting

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MOUNTAIN, TOM	
STREET ADDRESS	23250 TURKEY TROT LN	
CITY-STATE-ZIP	BROOKSVILLE, FL 34601	
TITLE	VP	☐ Delete
NAME	STEINKAMP, CAR	
STREET ADDRESS	126 MT. FAIR AVE.	
CITY-STATE-ZIP	BROOKSVILLE, FL 34601	
TITLE	CD	☐ Delete
NAME	SHRADER, DAVID	
STREET ADDRESS	273 W. JEFFERSON ST	
CITY-STATE-ZIP	BROOKSVILLE, FL 34601	
TITLE	SD	☒ Delete
NAME	HETHORN, STACEY	
STREET ADDRESS	9173 SIKES COUPON RD	
CITY-STATE-ZIP	BROOKSVILLE, FL 34601	
TITLE	CD	☐ Delete
NAME	LEHMAN, RON	
STREET ADDRESS	17141 BENES ROUGH RD	
CITY-STATE-ZIP	BROOKSVILLE, FL 34609	
TITLE	CD	☐ Delete
NAME	BOWERS, ED	
STREET ADDRESS	6042 HONEYSUCKLE LANE	
CITY-STATE-ZIP	BROOKSVILLE, FL 34613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	☐ Change ☒ Addition
NAME	JIM DEWEY	
STREET ADDRESS	5415 NEFF LAKE RD.	
CITY-STATE-ZIP	BROOKSVILLE, FL 34601	
TITLE	RD	☐ Change ☒ Addition
NAME	CHRISTIE WILLIAMS	
STREET ADDRESS	931 VILLAGE DR.	
CITY-STATE-ZIP	BROOKSVILLE, FL 34601	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: *Tom Mountain* **TOM MOUNTAIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03 (352) 796-9423
Date Daytime Phone #

082ED37 (10/02)