

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005087

1. Entity Name

LINCOLN BOYS SOCCER, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90162 017 ****61.25

Principal Place of Business

3838 TROJAN TRAIL
TALLAHASSEE FL 32311
US

Mailing Address

2805 SHAMROCK N
TALLAHASSEE FL 32308-2231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

4. FEI Number

59-3368093

Applied For

Not Applicable

Zip

Country

Zip

Country

32311

US

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

PENSON, ALBERT C
2810 REMINGTON GREEN CIR
TALLAHASSEE FL 32308

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TARIN, RUSS
1548 ALSHIRE CT N
TALLAHASSEE FL 32311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
F. Graham Lewis
2212 Monaco Dr.
Tallahassee FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DAVIS, CLAIRE
RT 7 BOX 838
TALLAHASSEE FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Judy Field
4527 Maybr Road
Tallahassee FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HEITMEYER, JEANNE
1242 MARCH RD
TALLAHASSEE FL 32311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
Terry Straub
3513 Castlebar Circle
Tallahassee FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HAYES, PHYLLIS
1512 LOCHINVAR LN
TALLAHASSEE FL 32311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
Karen Dietrich
1423 Argyle Lane
Tallahassee FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVIS, CLAIRE
4430 BAUM RD
TALLAHASSEE FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: F. Graham Lewis III 4/24/00 (850) 539-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)