

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91295 011 ****61.25

DOCUMENT # N95000005087

1. Entity Name

LINCOLN BOYS SOCCER, INC.

Principal Place of Business

**3838 TROJAN TRAIL
TALLAHASSEE FL 32311
US**

Mailing Address

**3838 TROJAN TRAIL
TALLAHASSEE FL 32311
US**

2. Principal Place of Business

3. Mailing Address

2320 Foxboro Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

4. FEI Number

59-3368093

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

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	VPD STRAAB, TERRY 3513 CASTLEBEAR CIRCLE TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, F G 2212 MONACO RD TALLAHASSEE FL 32308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIETRICH, KAREN 4423 ARGYLE LANE TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELD, JUDY 4517 MAYLOR RD TALLAHASSEE FL 32308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Straub, Terry 3513 Castlebear Circle Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Duncan, Tom 2320 Foxboro Way Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Newhoof, Frank 1190 Walden Road Tallahassee, FL 32311	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 **Frank Newhoof** **4/27/01** **1850 539-5999**

CR2E037 (10/00)