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

## DOCUMENT # N9500005087

1. Entity Name

## LINCOLN BOYS SOCCER, INC.



Apr 28, 2003 8:00 am Secretary of State
04-28-2003 91451 022 \*\*\*\*61.25

**FILED** 

|  |  |   |  | 1125   |  |  |                                       |   |  |
|--|--|---|--|--|--|--|---------------------------------------|---|--|
| Principal Place of Business 3838 TROJAN TRAIL TALLAHASSEE FL 32311 US  |  | Mailing Address<br>2320 FOXBORO WAY<br>TALLAHASSEE FL 32306<br>US | 2320 FOXBORO WAY<br>TALLAHASSEE FL 32308   |  |  |  | ndrår Eklik ZU(år v                   | B414 1244 1841  |  |
| O Delegia et E   | The of Decision  | 2 Mailing Address   |  |  |  |  |                                       |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  | 3. Mailing Address  P. O. Box 15133  |  |  |  | IDIDI DINI <b>dola</b> ta             |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  | CHECK HERE IF MAKING CHANGES   |  |                                       |   |  |
| City & Stat  | te   | City & State  |  |  | 4. EEI Number EO   | 226000   |                                       | applied For   |  |
|  |  | 1 1   | Tallahassee FL   |  | 4. FEI Number 59-3368093   |  |                                       | Not Applicable  |  |
| Žip  | Country  | Zip   | Country  |  | 5. Certificate of Stat   | tus Desired  | <b>\$8.75</b> Ac                      |   |  |
|  | 6. Name and Address of Curr  | 3231-7  | <u> </u>   | <u></u>  | 7. Name and Addre  | ess of New Registere                                       | <u> </u>                              | 60:   |  |
|  |  | <u> </u>  | Name   |  |  |  |                                       | -   |  |
| 2810 REM   | ALBERT C<br>MINGTON GREEN CIR  |   | Street A   | ddress (F                                      | P.O. Box Number is No  | ot Acceptable)   | · · · · · · · · · · · · · · · · · · · |   |  |
| TALLAHAS   | SSEE FL 32308  |   |  | _  |  |  | <del>,</del>                          |   |  |
|  |  |   | City   |  |  | F  | L Zip Co                              | de  |  |
| the obligat  | e named entity submits this statement<br>tions of registered agent.  | t for the purpose of changing its                                 | registered office of   | registere                                      | ed agent, or both, in th   | ne State of Florida. I ar                                  | n familiar with                       | , and accept  |  |
| SIGNATURE .  | Signature, typed or printed name of registered a   | gent and title if applicable. (NOTE                               | : Registered Agent signat  | ure required                                   | when reinstating)  | DATE   |                                       |   |  |
|  |  | <u> </u>  |  |  | _ <del></del>  |  |                                       |   |  |
| .5.  |  |   |  |  |  |  |                                       | I .   |  |
| - <b>-</b> 90 ( ) 1  | FILE NOW: FEE IS \$61.25   | 9. Election Cam<br>Trust Fund Ca                                  | paign Financing ontribution.   |  | \$5.00 May Be<br>Added to Fees   | Make Che<br>Florida Depa                                   | ck Payable<br>artment of              |   |  |
| 10.  | OFFICERS AND   | Trust Fund Co   |  | ⊔<br>  | \$5.00 May Be<br>Added to Fees   | Florida Depa   | artment of                            | State   |  |
| 10.<br>TITLE   | OFFICERS AND   | Trust Fund Co   | 11. TITLE  | ⊔<br>  | Added to Fees  | Florida Depa   | artment of                            | State   |  |
| 10.<br>TITLE<br>NAME   | OFFICERS AND STRAAB, TERRY   | Trust Fund Co   | 11. TITLE NAME   | ⊔<br>PD  | Added to Fees  | Florida Depa   | OIRECTORS I                           | State   |  |
| 10. TITLE NAME STREET ADDRESS  | OFFICERS AND   | Trust Fund Co   | 11. TITLE  | PD Alt   | Added to Fees  ADDITIONS/CHANGES  Dert C. Pe  05 Rangewo   | Florida Department of Drive                                | OIRECTORS I                           | State   |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD<br>STRAAB, TERRY<br>3513 CASTLEBEAR CIRCLE<br>TALLAHASSEE FL 32308  | DIRECTORS  Delete   | 11. TITLE NAME STREET ADDRESS  | PD Alt 450                                     | Added to Fees  ADDITIONS/CHANGES  Dert C. Pe   | Florida Department of Drive                                | OIRECTORS I                           | State N 10 Addition   |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD<br>STRAAB, TERRY<br>3513 CASTLEBEAR CIRCLE<br>TALLAHASSEE FL 32308<br>TD<br>DUNCAN, TOM   | Trust Fund Co   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD Alt 450 Tal                                 | Added to Fees  ADDITIONS/CHANGES  Dert C. Pe  05 Rangewo  11ahassee,   | Florida Department of Drive                                | DIRECTORS II                          | State   |  |
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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: //SIGNATURE: //SIG