2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90073 037 ****61.25

DOCUMENT # N96000001137

1. Entity Name

PORT ORANGE SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
C/O HENRY PATE 1413 CHAMALE LN. PORT ORANGE FL 32119 US	C/O HENRY PATE 1413 CHAMALE LN. PORT ORANGE FL 32119-7419 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
William A. Clark	Port Orange Soccer Club
Suite, Apt. #, etc. 661 Needlerush Road	Suite, Apt. #, etc. P. O. Box 2002
City & State Port Orange, FL	City & State Port Orange, Fl
Zip / Country 32127 / Volusia	Zip / Country 32129 / Volusia

4. FEI Number 59-3499849 ☐ 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
PROSPECT, RICHARD 101 CORSAIR DRIVE SUITE 200 DAYTONA BEACH FL 32114	Name: William A. Clark Street Address (P.O. Box Number is Not Acceptable): 661 Needlerush Road City: Port Orange **FL** Zip Code: 32127

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: William A. Clark — 2-24-2000
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	TD KLEBE, MARK 928 WHIPPOORWILL DR PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Clark, William 661 Needlerush Road Port Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HATCHER, RICK 549TIMBERLAIN DR NEW SMYRNA BCH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Snyder, James 984 Wendam Ct. Port Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVETT, GEORGE 695 TURTLEMOUND NEW SMYRNA BCH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Clark, William D. 370 Hearthstone Terrace Port Orange FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARTMAN, LEE 1383 DEXTER DR E PT ORANGE FL 32119	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 02-24-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #