

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002980

1. Entity Name

WINTER SPRINGS SOCCER CLUB, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90190 001 ****61.25

05-06-2000 90190 002 *****8.75

Principal Place of Business	Mailing Address
687 N. ENDEAVOR DR. WINTER SPRINGS FL 32708 US	P.O. BOX 196178 WINTER SPRINGS FL 32719-6178 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1150 O'Day Dr Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Winter Springs FL	
Zip	Country
32708	USA

4. FEI Number	Applied For
59-3382788	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
SESTITO, JOHN 687 N. ENDEAVOR DR. WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
Name Colleen Van Alen
Street Address (P.O. Box Number is Not Acceptable)
1150 O'Day DR.
City Winter Springs
FL
Zip Code 32708

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 <i>Colleen Van Alen</i> DATE <i>4/23/00</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	SESTITO, JOHN
STREET ADDRESS	687 ENDEAVOR DR.
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	VD <input type="checkbox"/> Delete
NAME	VAN ALZEN, COLLEEN
STREET ADDRESS	1150 O'DAY DRIVE
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	WHITNEY, BETTY
STREET ADDRESS	348 SPARROW WOOD CT.
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	WATKINS, NANCY
STREET ADDRESS	635 COVENTRY CT.
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	SD <input type="checkbox"/> Delete
NAME	SEHOLM, LELSA
STREET ADDRESS	1153 O'DAY
CITY-ST-ZIP	WINTER SPRING FL 32708
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colleen Van Alen
STREET ADDRESS	1150 O'Day Dr
CITY-ST-ZIP	Winter Springs, FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T/D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Noce
STREET ADDRESS	701 Industrial Rd.
CITY-ST-ZIP	Longwood FL 32750 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Colleen Van Alen</i>	DATE: <i>4/23/00</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037 (9/99)