

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90712 002 *****8.75

05-05-2001 90712 001 *****61.25

DOCUMENT # N96000002980

1. Entity Name

WINTER SPRINGS SOCCER CLUB, INC.

Principal Place of Business

1150 O'DAY DRIVE
WINTER SPRINGS FL 32708
US

Mailing Address

P.O. BOX 196178
WINTER SPRINGS FL 32719
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3382788

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****VAN ALLEN, COLLEN**
1150 O'DAY DRIVE
WINTER SPRINGS FL 32708**7. Name and Address of New Registered Agent**

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)

4/13/01
DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	VAN ALLEN, COLLEEN	1150 O'DAY DRIVE	WINTER SPRINGS FL 32708	<input type="checkbox"/>
TD	WHITNEY, BETTY	348 SPARROW WOOD CT.	LAKE MARY FL 32746	<input type="checkbox"/>
VD	NOCE, TOM	701 INDUSTRIAL ROAD	LONGWOOD FL 32750	<input type="checkbox"/>
SD	SEHOLM, LELSA	1153 O'DAY	WINTER SPRING FL 32708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Van Allen Colleen			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
SD	Seholm Leisa	520 Pinesong	Casselberry FL 32707	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)