

3/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

03-29-2002 91385 026 ****70.00

DOCUMENT # N96000002980

1. Entity Name

WINTER SPRINGS SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

1150 O'DAY DRIVE
 WINTER SPRINGS FL 32708
 US

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

8117 Parrot DR

ORLANDO FL

32825 U.S.

4. FEI Number
 59-3382788

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

VAN ALEN, COLLEN
 1150 O'DAY DRIVE
 WINTER SPRINGS FL 32708

Name THOMAS NOCE
 Street Address (P.O. Box Number is Not Acceptable)
 8117 PARROT DR.

City ORLANDO FL Zip Code 32825

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

Thomas Noce

THOMAS NOCE

3-18-2002

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 PD ☒ Delete
 NAME VAN ALEN, COLLEEN
 STREET ADDRESS 1150 O'DAY DRIVE
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE President ☒ Change ☐ Addition
 NAME Thoma Noce D
 STREET ADDRESS 8117 Parrot DR
 CITY-ST-ZIP ORLANDO FL 32825

TITLE TD ☒ Delete
 NAME WHITNEY, BETTY
 STREET ADDRESS 348 SPARROW WOOD CT.
 CITY-ST-ZIP LAKE MARY FL 32748

TITLE VICE President ☐ Change ☒ Addition
 NAME Bill Hollenback D
 STREET ADDRESS 121 DUNCAN TR
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE VD ☒ Delete
 NAME NOCE, TOM
 STREET ADDRESS 701 INDUSTRIAL ROAD
 CITY-ST-ZIP LONGWOOD FL 32750

TITLE TREASURER ☐ Change ☒ Addition
 NAME Kenneth Dickens D
 STREET ADDRESS 15 Cherry Laurel Ct #105
 CITY-ST-ZIP W.S. FL 32708

TITLE SD ☐ Delete
 NAME SEHOLM, LEISA D
 STREET ADDRESS 520 PINESONG
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SK Thomas Noce THOMAS NOCE

407-830-6499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

CR2E037 (9/01)