## <sup>6</sup> ≎ #}}

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

## Aug 11, 2003 8:00 am Secretary of State DOCUMENT # N9700000283 05-01-2003 90373 039 \*\*\*\*61.25 1. Entity Name OCOEE YOUTH SOCCER LEAGUE, INC. Principal Place of Business Mailing Address 55053839 P.O. BOX 1135 OCOEE FL 34761 P.O. BOX 1135 **OCOEE FL 34761** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3426024 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent uree/) PARRISH, JEFF A Street Address (P.O. Box Number is 1828 SPARKLING WATER CIRCLE **OCOEE FL 34761** 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when rein Election Campaign Financing "Make Check Pavable to == FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE Delete TITLE ☐ Addition Filison PARRISH, JEFF A NAME NAME. STREET ADDRESS STREET ADDRESS 1828 SPARKLING WATER CIRCLE CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP Delete DY TITLE ROBERTS, ED NAME NAME presidera 713 OCOEE-APOPKA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **OCOEE FL 34761** Delete TITLE TITLE ☐ Addition BRENNAN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 1135 CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 DS Delete TITLE TITLE ☐ Addition COTANCHE, SUEANN NAME NAME? 2317 GRAND POPLAR ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P OCOEE FL 34761 TITLE Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+SI-7(P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

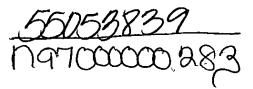
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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

CITY - ST-ZIP

SIGNATURE:

FILED





To Whom It May Concern:

I have made the corrections to the form. I believe the changes were to add the title of the officers.

Thank you.

Elizabeth Queen Treasurer Ocoee Youth Soccer League