

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90171 011 ****61.25

DOCUMENT # N97000004492

1. Entity Name

LAKELAND ADULT SOCCER ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**504 EASTON DRIVE
 LAKELAND FL 33803**

**PO BOX 621
 LAKELAND FL 33802**

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

59-3565520

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

**CLEMENTS, MARK E
 230 S. FLORIDA AVENUE STE. 501
 LAKELAND FL 33801**

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)

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 CLEMENTS, MARK E
 STREET ADDRESS 504 EASTON DRIVE
 CITY-ST-ZIP LAKELAND FL 33803

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

TITLE VTR ☒ Delete
 NAME FAN, SIUHUNG
 STREET ADDRESS 5441 MARINA COVE
 CITY-ST-ZIP LAKELAND FL 33813

TITLE VTR ☒ Change ☐ Addition
 NAME MATTSON, ARTHUR
 STREET ADDRESS 453 ARCHAIC DR.
 CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE TTR ☐ Delete
 NAME MASTERS, KENNETH T
 STREET ADDRESS 2929 REDWOOD AVENUE
 CITY-ST-ZIP LAKELAND FL 33803

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

TITLE STR ☒ Delete
 NAME SHIVER, LINDA
 STREET ADDRESS 2934 DEERBROOK DRIVE
 CITY-ST-ZIP LAKELAND FL 33811

TITLE STR ☒ Change ☐ Addition
 NAME LEWIS, JO ANN
 STREET ADDRESS 828 CIMARRON CT.
 CITY-ST-ZIP LAKELAND, FL 33813

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: *Kenneth T. Masters* Kenneth T. Masters 2/20/01 863-683-7803