

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90088 020 \*\*\*\*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

4. FEI Number

**59-3565520**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE: VTR  Change  Addition  
 NAME: ARTHUR MATTSON  
 STREET ADDRESS: 453 ARCHIE 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:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE: STR  Change  Addition  
 NAME: JO Lewis  
 STREET ADDRESS: 928 CIMARRON CT.  
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/2/02* Daytime Phone #: *863-581-2691*

CR2E037 (9/01)