

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001185

1. Entity Name

PLANTATION YOUTH SOCCER LEAGUE INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90040 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

HOMEOWNER INCORPORATE CARROLLWOOD  
11380 BROOKGREEN DR.  
TAMPA FL 33624

11380 BROOKGREEN DR.  
TAMPA FL 33624-5247

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

NOT APPLICABLE

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

KHALIL, MOHAMMAD  
2727 W. FLETCHER 52B  
TAMPA FL 33618

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 P ☐ Delete  
NAME RIVERA, TONY  
STREET ADDRESS 4727 GROVE POINT  
CITY-ST-ZIP TAMPA FL 33824

TITLE D ☐ Change ☒ Addition  
NAME MONTES, SONIA  
STREET ADDRESS 2226 WHISPERING PINES CT.  
CITY-ST-ZIP TAMPA, FLORIDA 33604

TITLE T ☐ Delete  
NAME KHALIL, MOHAMMAD  
STREET ADDRESS 2727 W. FLETCHER 52B  
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ Change ☒ Addition  
NAME Stout, Jody  
STREET ADDRESS 11305 Laurel Crest Ln  
CITY-ST-ZIP Tampa, FL 33624

TITLE D ☐ Delete  
NAME TECLA, PHILIP  
STREET ADDRESS 702 KILGORE PLANT CITY  
CITY-ST-ZIP PLANT CITY FL 33567

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

TITLE D ☐ Delete  
NAME COOKE, REGINA  
STREET ADDRESS 11006 REDBERRY WAY  
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete  
NAME WHATLEY, DEBRA  
STREET ADDRESS 3205 49TH ST.  
CITY-ST-ZIP TAMPA FL 33619

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

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:

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

1-31-00 813 96 9111

Date

Daytime Phone #

CR2E037 (9/99)