

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90237 046 ****61.25

DOCUMENT # N98000001185

1. Entity Name

PLANTATION YOUTH SOCCER LEAGUE INC.

Principal Place of Business

Mailing Address

**HOMEOWNER INCORPORATE CARROLLWOOD
11380 BROOKGREEN DR.
TAMPA FL 33624****11380 BROOKGREEN DR.
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KHALILI, 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 **Director** ☐ Change ☒ Addition
NAME **Leslie Fields**
STREET ADDRESS **6109 N. Glen Ave**
CITY-ST-ZIP **Tampa FL 33614**TITLE **T** ☐ Delete
NAME **KHALILI, MOHAMMAD**
STREET ADDRESS **2727 W. FLETCHER 52B**
CITY-ST-ZIP **TAMPA FL 33618**TITLE **Director** ☐ Change ☒ Addition
NAME **Melissa Mountain**
STREET ADDRESS **9303 N 20th St**
CITY-ST-ZIP **Tampa, FL 33612**TITLE **D** ☐ Delete
NAME **TECLA, PHILIP**
STREET ADDRESS **702 KILGORE PLANT CITY**
CITY-ST-ZIP **PLANT CITY FL 33567**TITLE **Director** ☐ Change ☒ Addition
NAME **Dennis Mountain**
STREET ADDRESS **9303 N 20th St**
CITY-ST-ZIP **Tampa, FL 33612**TITLE **D** ☒ Delete
NAME **COOKE, REGINA**
STREET ADDRESS **11006 REDBERRY WAY**
CITY-ST-ZIP **TAMPA FL 33624**TITLE **Director** ☐ Change ☒ Addition
NAME **Jody Stout**
STREET ADDRESS **11305 Laurel Crest Ln**
CITY-ST-ZIP **Tampa, FL 33624**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-ZIPTITLE **D** ☐ Delete
NAME **MONTES, SONIA**
STREET ADDRESS **2226 WHISPERING PINES CT**
CITY-ST-ZIP **TAMPA FL 33604**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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-15-01**

Date

813-237-3741

Daytime Phone #

CR2E037 (10/00)