

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90164 010 ****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**

972241



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-02

**After September 13, 2002,
 min. will be \$236.25.**

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 **DENNIS MUSTAIN**
 STREET ADDRESS **9303 N 20TH ST**
 CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **MELISSA MUSTAIN**
 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 **D** ☐ Change ☒ Addition
 NAME **JODY STOUT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FIELDS, LESLIE**
 STREET ADDRESS **6109 N GLEN AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

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 **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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/02

CR2E037 (4/02)