

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001615

1. Entity Name

ST. CLOUD SOCCER CLUB, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90030 017 ****70.00

Principal Place of Business

1650 SUNDANCE DRIVE
ST. CLOUD FL 34771

Mailing Address

1650 SUNDANCE DRIVE
ST. CLOUD FL 34771

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

59-3514436

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

EVERETT, TERESA

1650 SUNDANCE DRIVE
ST. CLOUD FL 34771

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

After September 13, 2000 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	PD	<input type="checkbox"/> Delete
NAME	STACY, RICHARD K	
STREET ADDRESS	1235 BETH LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVERETT, TERESA	
STREET ADDRESS	1650 SUNDANCE DR	
CITY-ST-ZIP	SAINT CLOUD FL 34771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, JEANNE L	
STREET ADDRESS	2660 ELLEN AVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STACY, KATHLEEN A	
STREET ADDRESS	1235 -136TH LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, TERESA	
STREET ADDRESS	1650 SUNDANCE DR	
CITY-ST-ZIP	SAINT CLOUD, FL 34771	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRY, DONA	
STREET ADDRESS	602 DAVID DR.	
CITY-ST-ZIP	SAINT CLOUD, FL 34764	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)