

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 98 00000 5561**

1. Entity Name

GAINESVILLE SELECT SOCCER CLUB, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90001 023 ****61.25

103902

Principal Place of Business Mailing Address
C/O NANCY IAFRATE ✓ **C/O NANCY IAFRATE**
10106 SW 37 PL **10106 SW 37 PL**
GAINESVILLE FL 32607 **GAINESVILLE FL 32607**

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 **59-3534719** Applied For Not Applicable

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

D JEFFREY SAUSAMAN
8518 SW 21 LN
GAINESVILLE FL 32607

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

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 ☐ Delete
NAME **PD WARREN CURRY**
STREET ADDRESS **1929 NW 7 LN**
CITY-ST-ZIP **GAINESVILLE FL 32603**
TITLE ☐ Delete
NAME **VB CHRIS JANISZEWSKI**
STREET ADDRESS **2921 NW 24 TER**
CITY-ST-ZIP **GAINESVILLE FL 32605**
TITLE ☐ Delete
NAME **FD NANCY IAFRATE**
STREET ADDRESS **10106 SW 37 PL**
CITY-ST-ZIP **GAINESVILLE FL 32607**
TITLE ☐ Delete
NAME **SD TAMMY SHINTOCK**
STREET ADDRESS **3020 SW 100 ST**
CITY-ST-ZIP **GAINESVILLE FL 32607**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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: **Nancy C. Iafate / Nancy E. Iafate** **4/30/00** **332-6121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)