

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000005561****1. Entity Name**
GAINESVILLE SELECT SOCCER CLUB, INC.**Principal Place of Business**
C/O NANCY IAFRATE
10106 SW 37 PL
GAINESVILLE FL 32607**Mailing Address**
C/O NANCY IAFRATE
10106 SW 37 PL
GAINESVILLE FL 32607**2. Principal Place of Business**
C/O PATRICIA CANTY**3. Mailing Address**
C/O PATRICIA CANTY**Suite, Apt. #, etc.**
4702 NW 23RD TERRACE**Suite, Apt. #, etc.**
4702 NW 23RD TERRACE**City & State**
GAINESVILLE FL**City & State**
GAINESVILLE FL**Zip**
32605**Country****Zip**
32605**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****SAUSAMAN D J**
8518 SW 21 LANE

GAINESVILLE FL
32607 US**Name**
CURRY WARREN
Street Address (P.O. Box Number is Not Acceptable)
1929 NW 7 LANE

City
GAINESVILLE FL **Zip Code**
32603**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** **WARREN CURRY** **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D <input type="checkbox"/> Delete
NAME	IAFRATE NANCY
STREET ADDRESS	10106 SW 37 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	SD <input type="checkbox"/> Delete
NAME	SHINTOCK TAMMY
STREET ADDRESS	3020 SW 100 ST
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	TD <input type="checkbox"/> Delete
NAME	IAFRATE NANCY
STREET ADDRESS	10106 SW 37 PL
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	VD <input type="checkbox"/> Delete
NAME	JANISZEWSKI CHRIS
STREET ADDRESS	2921 NW 24 TER
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	PD <input type="checkbox"/> Delete
NAME	CURRY WARREN
STREET ADDRESS	1929 NW 7 LN
CITY-ST-ZIP	GAINESVILLE FL 32603
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAFRATE NANCY
STREET ADDRESS	10106 SW 37 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTY PATRICIA
STREET ADDRESS	4702 NW 23RD TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32607
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)(f), 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: WARREN CURRY PD 04/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)