## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am DOCUMENT # N98000005561 Secretary of State 08-19-2002 90146 039 \*\*\*\*61.25 GAINESVILLE SELECT SOCCER CLUB, INC. Principal Place of Business Mailing Address C/O PATRICIA CANTY C/O PATRICIA CANTY 4702 NW 23RD TERRACE 4702 NW 23RD TERRACE GAINESVILLE FL 32605 GAINESVILLE FL 32605 Principal Place of Business 3. Mailing Address Citz-Coy 10 Norman Worman Clo Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City, & State 4. FEI Number Applied For Gainesville 59-3534719 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fitz-Coy-Street Address (P.O. Box Number is Not Acceptable) CURRY, WARREN 1929 NW 7 LANE 3702 1055. **GAINESVILLE FL 32603** City 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Norman Fitz Coy 3702 SW 82 St. PD TITI F Delete TITLE ☐ Addition **CURRY, WARREN** NAME NAME STREET ADORESS STREET ADDRESS 1929 NW 7 LN ainee Usnach, Are CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32603** 🖬 Delete ☐ Addition TITLE JANISZEWSKI, CHRIS NAME STREET ADDRESS STREET ADDRESS 2921 NW 24 TER CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 Delete ☐ Addition CANTY, PATRICIA NAME NAME STREET ADDRESS 4702 NW 23RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gainesville FL 32607 Louise faulus 1125 NW 23th Ten Cainesville PL 32605 Richard Fethiere 3716 NW 48th Ten Geinesville PL 32606 M Change TITLE 🛣 Delete TITLE ☐ Addition NAME SHINTOCK, TAMMY NAME STREET ADDRESS STREET ADDRESS 3020 SW 100 ST CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 Delete TITLE ☐ Addition NAME iafrate, nancy NAME STREET ADDRESS STREET ADDRESS 10106 SW 37 PLACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 TITI F Delete TITLE Change Addition NAME NAME

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 of 13 like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGN

700 350/3750ns