2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900004013 May 16, 2000 8:00 am Secretary of State 1. Entity Name BONITA SPRINGS YOUTH, SOCCER ASSOCIATION, INC. 05-16-2000 90058 027 ****70.00 EXAL ROUNTER CHE Principal Place of Business Mailing Address 24721 BAYBEAN COURT 24721 BAYBEAN COURT **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt. # etc. Suite, Apt. #, etc! Applied For City & State 4. FEI Number City & State 58 563 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KELLY, DANIEL 24721 BAYBEAN COURT **BONITA SPRINGS FL 34134** Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 1" The same the second was a second Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE Change ☐ Addition TITLE NAME KELLY, DANIEL NAME STREET ADDRESS STREET ADDRESS 24721 BAYBEAN COURT CITY-ST-ZIP CITY-ST-ZIP -**BONITA SPRINGS FL 34134** Change ☐ Addition **VPD** Delete TITLE 4 NAME ... NAME vanpage, mitchell STREET ADDRESS STREET ADDRESS 11802 FOREST MERE DRIVE CITY-ST-ZIP CITY-ST-719 **BONITA SPRINGS FL 34135** ☐ Addition ☐ Change ☐ Delete TITLE TITLE KELLY, SHEILA NAME NAME STREET ADDRESS STREET ADDRESS 24721 BAYBEAN COURT CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 Change ☐ Addition ☐ Delete TD TITLE KASKIE, STEPHEN NAME STREET ADDRESS STREET ADDRESS 4061 BONITA BEACH ROAD, SUITE 103 CITY-ST-ZIP CITY-ST-ZIF **BONITA SPRINGS FL 34134** ☐ Change ☐ Addition ☐ Delete TITLE THOMPSON, TIM NAME STREET ADDRESS STREET ADDRESS 27601 MASTERSON AVENUE CITY-ST-ZIF CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GRESS, MARK STREET ADDRESS STREET ADDRESS 25671 CORVINE LANE CITY-ST-ZIP CITY-ST-ZIP ... BONITA SPRINGS FL-34135

12. I hereby certify that the information supplied with this filling 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

ddress, with all oth SIGNATURE: DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

changed, or on an attachment with an