

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N990000006634**

1. Entity Name

THREE LIONS SOCCER CLUB, INC.

FILED
Apr 25, 2000 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1686 WEST HIBISCUS BLVD.

1686 WEST HIBISCUS BLVD.

MELBOURNE
32901

FL

MELBOURNE
32901

FL

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

59-3636580

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

O'BRIEN JAMES MESQ.
RIEMENSCHNEIDER, KANCILIA & LEMONIDIS, PA
1686 WEST HIBISCUS BLVD.
MELBOURNE FL
32901 US

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.)

04/25/2000

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 ☐ Delete
NAME **D**
STREET ADDRESS **ARMSTRONG ANNETTE**
CITY-ST-ZIP **1686 WEST HIBISCUS BLVD.**
MELBOURNE FL 32901

TITLE ☒ Change ☐ Addition
NAME **STD**
STREET ADDRESS **ARMSTRONG ANNETTE**
CITY-ST-ZIP **1686 WEST HIBISCUS BLVD.**
MELBOURNE FL 32901

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARMSTRONG SCOTT**
CITY-ST-ZIP **1686 WEST HIBISCUS BLVD.**
MELBOURNE FL 32901

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **ARMSTRONG SCOTT**
CITY-ST-ZIP **1686 WEST HIBISCUS BLVD.**
MELBOURNE FL 32901

TITLE ☐ Delete
NAME **O**
STREET ADDRESS **JAMES**
CITY-ST-ZIP **1686 WEST HIBISCUS BLVD.**
MELBOURNE FL 32901

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS **OLIVERIA MARIO VMD**
CITY-ST-ZIP **1686 WEST HIBISCUS BLVD.**
MELBOURNE FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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.