

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90294 018 *****65.00

DOCUMENT # N99000006634

1. Entity Name

THREE LIONS SOCCER CLUB, INC.

Principal Place of Business

1686 WEST HIBISCUS BLVD.
 MELBOURNE FL 32901

Mailing Address

1686 WEST HIBISCUS BLVD.
 MELBOURNE FL 32901

2. Principal Place of Business

PRD. THREE LIONS SOCCER CLUB
 Suite, Apt. #, etc. **CLUB**
PO BOX 1853

3. Mailing Address

P.O. BOX 1853
 Suite, Apt. #, etc. **MELBOURNE**

City & State

MELBOURNE FL

City & State

FL

4. FEI Number

59-3636580

Applied For

Not Applicable

Zip

Country

Zip

Country

32902 FL

USA

32902

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE **DV** ☐ Delete
 NAME **OLIVERIA, MARIO V MD**
 STREET ADDRESS **1686 WEST HIBISCUS BLVD.**
 CITY-ST-ZIP **MELBOURNE FL 32901**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **STD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 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
 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:

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 321.952.3739
 Date Daytime Phone #

CR2E037 (10/00)