

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90118 005 ***150.00

DOCUMENT # N99000006634

1. Entity Name

THREE LIONS SOCCER CLUB, INC.



Principal Place of Business

**THREE LIONS SOCCER
PO BOX 1853
MELBOURNE FL 32902**

Mailing Address

**THREE LIONS SOCCER
PO BOX 1853
MELBOURNE FL 32902**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

ANNETTE M. ARMSTRONG

Street Address (P.O. Box Number is Not Acceptable)

2012 GRANT PL. #14

MELBOURNE, FL. 32901

City

FL

Zip Code

32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Annette M. Armstrong

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	OLIVERIA, MARIO V MD	
STREET ADDRESS	1686 WEST HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, SCOTT	
STREET ADDRESS	1686 WEST HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, ANNETTE	
STREET ADDRESS	1686 WEST HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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)(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:

ANNETTE M. ARMSTRONG

3/10/03

321-952-3739

CR2E037 (10/02)