## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900007299  1. Entity Name					Aug 08, 2000 8:00 am Secretary of State			
ST. JOHNS RIVER YOUTH SOCCER, INC.				S	Secretary of State 08-08-2000 90012 048 ****61.25			
Principal Place	e of Business	Mailing Address	<u> </u>		08-08-2000 90012 04	10 11.2.	,	
2301 PARK AVENUE		2301 PARK AVENUE						
SUITE 404 ORANGE PARK FL 32073		SUITE 404 Orange Park FL 32073		1 (31)				
2. Principal Place of Business		3. Mailing Address 2260 Yellow Pine Ct						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		Orange Park, Fl		4. FEI Number 59 – 3627425   Applied For   Not Applicable				
Zip	Country	32073	Country U.SA	5. Certificate of	of Status Desired	\$8.75 Add		
	6. Name and Address of Current	<del></del>	Name	7. Name and	Address of New Registered	i Agent		
				ss (P.O. Box Number	r is Not Acceptable)			
	)n, william l Jr. K avenue	Street Addres	55 (F.O. BOX Number					
SUITE 404 ORANGE PARK FL 32073			City		F	Zip Code	1	
	named entity submits this statement fo	the property of changing its so		stored agent, or both		<u>-</u>		
SIGNATURE _	Stgnature, typed or printed name of registered agent	·	Registered Agent signature requ	·····	DATE	<u></u>	<del>_</del>	
	FILE NOW: FEE IS \$61.25 ember 13, 2000 min. will be \$2		\$5.00 May Be Added to Fees		c Payable to nt of State			
10.	OFFICERS AND DIF		11.	ADDITIONS/CHA	ANGES TO OFFICERS AND I	DIRECTORS IN		
TITLE NAME	Jorge Alrial	Prector Delete	TITLE Name			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	Orange Park, Fl 3207	5	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fred Trice 2062 Monmouth Orange Park, Fl		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathken Hole 2260 yellow Pin Orange Park, Fl	ect Director  0 73	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge Hunoz 1745 Wells Rd orange Park, Fl	-# 408 Delete 32073 Drectr	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	Jamie Clay 2838 Tangleu Orange Parti, F	port Block 32073	TITLE NAME STREET ADDRESS			Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Olding to the	☐ Delete	CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that my owered to execute this report as	/ sionature snall have t	ne same legal effec	i as il made unoer oalii: lnal	I am an onice	UI UII ECIOI	

KACHUEDS HELDE DUIFKAMIEEN HOK SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: \_