

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007299

1. Entity Name

ST. JOHNS RIVER YOUTH SOCCER, INC.

Principal Place of Business

2301 PARK AVENUE
SUITE 404
ORANGE PARK FL 32073

Mailing Address

2301 PARK AVENUE
SUITE 404
ORANGE PARK FL 32073

2260 Yellow Pine Ct
Orange Park, FL
32073

2. Principal Place of Business

3. Mailing Address

2260 Yellow Pine Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park FL

4. FEI Number

59-3627425

Applied For

Not Applicable

Zip

Country

Zip

32073

Country

clay

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, WILLIAM L JR.
2301 PARK AVENUE
SUITE 404
ORANGE PARK FL 32073

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIA
ALRIAL, JORGE
SIGSBEE CT
ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRICE, FRED
2062 MONMOUTH CIR
ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLE, KATHLEEN
2260 YELLOW PINE CT
ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUNOZ, JORGE
1745 WELLS RD #408
ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLAY, JAMIE
2838 TANGLEWOOD BLVD
ORANGE PARK FL 32073 ☒ Delete N/A

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

KATHLEEN HOLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-01

904-269-6217

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90214 031 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)