

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90664 013 ****61.25

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DOCUMENT # N99000007299

1. Entity Name

ST. JOHNS RIVER YOUTH SOCCER, INC.

Principal Place of Business

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

740 E. CUMBERLAND CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, FL.

4. FEI Number

59-3627425

Applied For

Not Applicable

Zip

Country

Zip

Country
St John's

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUVAL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **D** Delete
 NAME **ALRIAL, JORGE**
 STREET ADDRESS **SIGSBEE CT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ANN LEHETA**
 STREET ADDRESS **740 E. CUMBERLAND CT.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32259**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **Antonio Seoane**
 STREET ADDRESS **WEXFORD CLUB DR. WEST**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Leheta 3/21/02 9042300142

Date

Daytime Phone #

CR2E037 (9/01)