2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005430

1. Entity Name

AUBURN SOCCER CAMP, INC.

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90011 043 ***150.00

Principal Place of Business	Mailing Address
AUBURN SOCCER OFFICE- KAREN RICHTER PO BOX 351 AUBURN AL 36831-0351	AUBURN SOCCER OFFICE- KAREN RICHTER PO BOX 351 AUBURN AL 36831-0351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3366850 ☐ Applied For ☐ Not Applicable

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
RICHTER, KAREN I 8609 GEORGIA TECH STREET ORLANDO FL 32817	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHTER, KAREN I 8609 GEORGIA TECH ST. ORLANDO FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Karen Richter 1225 Grove Park Auburn, AL 36830	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEW, MOTT 2527 ABALONE BLVD. ORLANDO FL 32833	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V matthew Mott 806 Tullahoma DR Auburn, AL 36830	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/00 334-844-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #