

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016831

1. Entity Name
UCF SOCCER CENTERS, INC.

(Florida Soccer Training Centers, Inc.)

Principal Place of Business Mailing Address
MEN'S SOCCER OFFICE MEN'S SOCCER OFFICE
UNIVERSITY OF CENTRAL FLORIDA UNIVERSITY OF CENTRAL FLORIDA
ORLANDO FL 32816 ORLANDO FL 32816

2. Principal Place of Business 4250 Alafaya Trail
Suite, Apt. #, etc. Suite 212
City & State Oviedo, Florida
Zip 32765 Country USA

3. Mailing Address 4250 Alafaya Trail
Suite, Apt. #, etc. Suite 212
City & State Oviedo, Florida
Zip 32765 Country USA

4. FEI Number 59-3389968 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

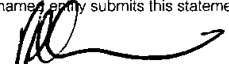
6. Name and Address of Current Registered Agent

WINCH, BOB
MEN'S SOCCER OFFICE
UNIVERSITY OF CENTRAL FLORIDA
ORLANDO FL 32816

7. Name and Address of New Registered Agent

Name Winch, Bob
Street Address (P.O. Box Number is Not Acceptable) 4250 Alafaya Trail, Suite 212
City Oviedo FL Zip Code 32765

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  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, 2002 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

TITLE P
NAME WINCH, BOB
STREET ADDRESS MEN'S SOCCER OFFICE - UNIV. CENTRAL FL.
CITY-ST-ZIP ORLANDO FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Winch, Bob
STREET ADDRESS 4250 Alafaya Trail, Suite 212
CITY-ST-ZIP Oviedo, Florida 32765

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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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

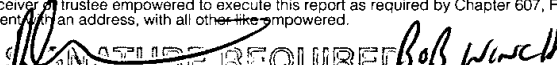
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DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

 1/3/02 (407) 823-2262