

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-01-2001 90032 018 ***150.00

DOCUMENT # P99000025503

1. Entity Name

MINISTRY OF SOCCER, INC.

Principal Place of Business

Mailing Address

1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

THREE LIONS SOCCER CLUB

Suite, Apt. #, etc.
PO BOX 1853

Suite, Apt. #, etc.

City & State
MELBOURNE, FL

City & State

Zip
32902-1853 Country
USA

Zip

Country

4. FEI Number **APPLIED FOR**

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

O'BRIEN, JAMES M ESQ
1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

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 if not applicable.

(NOTE: Registered Agent signature required when registering)

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, 2001 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	D	☐ Delete
NAME	ARMSTRONG, ANNETTE	
STREET ADDRESS	1686 WEST HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE-FL-32901	
TITLE	VP	☐ Delete
NAME	SCOTT ARMSTRONG	
STREET ADDRESS	PO BOX 1853	
CITY-ST-ZIP	MELBOURNE, FL 32902	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	ANNETTE M. ARMSTRONG	
STREET ADDRESS	PO BOX 1853	
CITY-ST-ZIP	MELBOURNE, FL 32902	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

321.952.3739

Date

Daytime Phone #

CR20034 (10/00)