FROM : [illegible] UCC SERVICES FAX NO. : Fax:8506815011 Aug.

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90033 006 ***550.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067170

1. Entity Name

West Coast Soccer, Inc.

Principal Place of Business: 5910 Almaden Drive, Naples, FL 34119

Mailing Address: [illegible]

D00086945

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4268 Montalvo Ct.
Suite, Apt. #, etc.
City & State: Naples, FL 34109
Zip: 34109 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Lylen, Ian J
1925 Brickell Ave.
Suite D-207

7. Name and Address of New Registered Agent
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] Karin Weis 9/11/2000
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) ☒

[redacted]

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	Weis, Karin 5910 Almaden Drive Naples, FL 34119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Weis, Karin 4268 Montalvo Court Naples, FL 34109 ☒ 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

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] Karen Weis 9/11/2000 (941) 594-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #