

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751039

Entity Name: SEMINOLE SOCCER CLUB, INC.**Current Principal Place of Business:**1900 SEMINOLE SOCCER LOOP
SANFORD, FL 32771**Current Mailing Address:**1900 SEMINOLE SOCCER LOOP
SANFORD, FL 32771**FEI Number:** 59-2074729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBER, FORREST
C/O SEMINOLE SOCCER CLUB, INC.
1900 SEMINOLE SOCCER LOOP
SANFORD, FL 32771 US*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:** FORREST EBER

03/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name HAJAS, JULIUS
Address 1900 SEMINOLE SOCCER LOOP
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name LYONS, PETER
Address 1900 SEMINOLE SOCCER LOOP
City-State-Zip: SANFORD FL 32771

Title CHAIRMAN
Name LASHBROOK, BRETT
Address 1201 S ORLANDO AVENUE
SUITE 202
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name SIMON, MEL
Address 1900 SEMINOLE SOCCER LOOP
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name RAWLINS, PHIL
Address 1201 S ORLANDO AVENUE
SUITE 202
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name EBER, FORREST
Address 1201 S ORLANDO AVENUE
SUITE 202
City-State-Zip: WINTER PARK FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FORREST EBER

DIRECTOR

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date