

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90041 050 \*\*\*\*61.25

**DOCUMENT # 851691**

1. Entity Name

**AMERICAN YOUTH SOCCER ORGANIZATION, INC.**

Principal Place of Business

12501 S ISIS  
 HAWTHORNE CA 90250  
 US

Mailing Address

12501 S ISIS  
 HAWTHORNE CA 90250-4149  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-6205398**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **VP**  
 STREET ADDRESS **LIGHTSTONE, HARVEY**  
 CITY-ST-ZIP **1433 W. PRINCETON**  
**ONTARIO CA 91762**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BURKS, RON**  
 CITY-ST-ZIP **2332 POPPY DRIVE**  
**BURLINGAME CA 94010**

TITLE  Change  Addition  
 NAME **FRED GREGORY**  
 STREET ADDRESS **NATIONAL SECRETARY**  
 CITY-ST-ZIP **816 VIA SOMONTE**  
**PVE, CA 90274**

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **PRICE, TERI**  
 CITY-ST-ZIP **201 W. PARK ST.**  
**MUNDELEIN IL 60060**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **PLEASE MAKE THE NECESSARY CHANGES**

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **MARK, JOEL**  
 CITY-ST-ZIP **3728 REGAL VISTA DR**  
**SHERMAN OAKS CA 91403**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **GORUP, GEARY N**  
 CITY-ST-ZIP **11108 W. 14TH ST.**  
**WICHITA KS 66212**

TITLE  Change  Addition  
 NAME **CARLOS HEVIA**  
 STREET ADDRESS **NATIONAL TREASURER**  
 CITY-ST-ZIP **9365 SW 81ST AVE**  
**MIAMI, FL 33156**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

310-663-6655

Date

Daytime Phone #

CR2E037 (9/99)