

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90032 026 ****61.25

DOCUMENT # N36605

1. Entity Name

UNITED SOCCER ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

C/O NICK POLLARD
 320 W BEARSS AVE
 TAMPA FL 33613

C/O NICK POLLARD
 320 W BEARSS AVE
 TAMPA FL 33613-1228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3036720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROLLARD, NICK~~
 320 W BEARSS AVE
 TAMPA FL 33613

Spelling only

Name

NICK POLLARO

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	PD	<input type="checkbox"/> Delete
NAME	POLLARD, NICK	
STREET ADDRESS	320 W BEARSS AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PISSOTT, EDDIE	
STREET ADDRESS	13311 HAMNER AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVID, MICHAEL	
STREET ADDRESS	12912 TIKIWOOD CT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SKERKOWSKI, BERNIE	
STREET ADDRESS	13014 N DALE MABRY HWY #266	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITCHELL, STEVE	
STREET ADDRESS	4916 ROCKLEDGE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLON, RICK	
STREET ADDRESS	12327 FILMORE STREET	
CITY-ST-ZIP	SPRING HILL FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK POLLARO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Spelling only

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: *BERNIE SKERKOWSKI* 3/7/2000 (813) 962-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)