

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730730

1. Entity Name

CAPE CORAL SOCCER ASSOCIATION, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90097 007 ****61.25

Principal Place of Business

Mailing Address

PELICAN SOCCER COMPLEX
4020 SW 2ND CT
CAPE CORAL FL 33914
US

P O BOX 732
CAPE CORAL FL 33910-0749
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2610047

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

ROSEN, NORMAN
4919 VICEROY ST
CAPE CORAL FL 33904

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 PD ☐ Delete
NAME ROSEN, NORMAN
STREET ADDRESS 4919 VICEROY ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME GILES, DAVID
STREET ADDRESS 5610 DEAUVILLE CT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
NAME Ed Peterson
STREET ADDRESS 490 NE 3rd Ct.
CITY-ST-ZIP Cape Coral, FL 33909

TITLE TD ☒ Delete
NAME HOUGH, JOANNE
STREET ADDRESS 1703 SW 3RD PL
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☒ Change ☐ Addition
NAME Tamila K. Reed TD
STREET ADDRESS 3018 NW 2nd PL
CITY-ST-ZIP Cape Coral, FL 33993

TITLE SD ☒ Delete
NAME BLANCHETTE, CATHY
STREET ADDRESS 3313 SW 7TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition
NAME Sally Francisco
STREET ADDRESS 536 SW 47th St.
CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-13-00

941 5401223

Date

Daytime Phone #

CR2E037 (9/99)