

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90167 024 ****61.25

DOCUMENT # 730730

1. Entity Name

CAPE CORAL SOCCER ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**P O BOX 732
 CAPE CORAL FL 33910
 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

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

**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

Tamila K Reed

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 PETERSON, ED
 STREET ADDRESS 490 NE 3RD CT
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
 NAME HENDRICKSON, FRED E.
 STREET ADDRESS 921 SW 51 TER.
 CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE TD ☒ Delete
 NAME REED, TAMILA K
 STREET ADDRESS 3018 NW 2ND PL
 CITY-ST-ZIP CAPE CORAL FL 33991

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

TITLE SD ☐ Delete
 NAME FRANCISCO, SALLY
 STREET ADDRESS 536 SW 47TH ST
 CITY-ST-ZIP CAPE CORY FL 33914

TITLE ☒ Change ☐ Addition
 NAME Secretary
 STREET ADDRESS Angela Fitch
 CITY-ST-ZIP 2310 SE 11TH AVE
 Cape Coral FL 33990

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

Tamila K Reed

941-772-1122

CR2E037 (10/00)