

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90089 005 ****61.25

DOCUMENT # 730730

1. Entity Name

CAPE CORAL SOCCER ASSOCIATION, INC.

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
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

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 HENDRICKSON, FRED E
STREET ADDRESS 921 SW 51ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

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

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

TITLE TD ☒ Change ☐ Addition
NAME Pelletier-Hucklet, Marianne
STREET ADDRESS 1419 SW 4th Court
CITY-ST-ZIP Cape Coral, FL 33991

TITLE S ☐ Delete
NAME FITCH, ANGELA
STREET ADDRESS 2310 SE 11TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE S ☒ Change ☐ Addition
NAME TARAS - Tydings, Donna
STREET ADDRESS 3733 SW 1st Ave
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: *NORMAN ROSEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

941 542 7482

Daytime Phone #

CR2E037 (9/01)