

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90306 016 ****61.25

DOCUMENT # 763544

1. Entity Name

CLEARWATER CHARGERS SOCCER CLUB, INC.

Principal Place of Business

**200 MCMULLEN BOOTH RD
CLEARWATER FL 34619
US**

Mailing Address

**880 BAY ESPLANADE
CLEARWATER FL 33767
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2210194

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

**CATHERINE WEATHERILT
880 BAY ESPLANADE
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **ROB O'NAN**
STREET ADDRESS **6923 SPANISH MOSS CIRCLE**
CITY-ST-ZIP **TAMPA FL**TITLE **V** ☒ Delete
NAME **DAVID KANYHA**
STREET ADDRESS **1011 WYNDHAM WAY**
CITY-ST-ZIP **SAFETY HARBOR FL**TITLE **SD** ☐ Delete
NAME **PAROULEK, SHIRLEY**
STREET ADDRESS **8685 PINE TREE DR E**
CITY-ST-ZIP **SEMINOLE FL**TITLE **TD** ☐ Delete
NAME **WEATHERILT, CATHY**
STREET ADDRESS **880 BAY ESPLANADE**
CITY-ST-ZIP **CLEARWATER FL**TITLE **D** ☒ Delete
NAME **SALLY FULP**
STREET ADDRESS **515 20TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33704**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Change ☐ Addition
NAME **Chuck Vroman**
STREET ADDRESS **4056 Bridgeport Dr.**
CITY-ST-ZIP **Safety Harbor, FL 34695**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☐ Addition
NAME **Sandy Parker**
STREET ADDRESS **1723 Oakdale Lane E.**
CITY-ST-ZIP **Clearwater, FL 33764**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: **Cathy Weatherilt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

(727) 446-5060

Daytime Phone #

CR2E037 (10/00)