

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90066 032 \*\*\*\*61.25

**DOCUMENT # 765354**

1. Entity Name

**TOP OF FLORIDA SOCCER CLUB, INC.**



Principal Place of Business

P.O. BOX 15851  
TALLAHASSEE FL 32317-5851  
US

Mailing Address

P.O. BOX 15851  
TALLAHASSEE FL 32317-5851  
US

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 **59-2970908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEATH, DAVID P  
261 PINWOOD DR  
TALLAHASSEE FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, ROY	
STREET ADDRESS	739 RHODEN COVE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PRIDE, LOIS T	
STREET ADDRESS	1624 GREEN S	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEATH, DAVID P	
STREET ADDRESS	6618 HEARTLAND CR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACEY, NED	
STREET ADDRESS	8334 PORTSMOUTH COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANER, BILL	
STREET ADDRESS	4165 TRACEE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADDAR, KAMAL	
STREET ADDRESS	747 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS TOMASI	
STREET ADDRESS	3214 DEL RIO TERRACE	
CITY-ST-ZIP	TALL, FL 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDY LEPP	
STREET ADDRESS	P.O. BOX 1826	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326-1826	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SCHAEFER	
STREET ADDRESS	7836 MACLENN RD.	
CITY-ST-ZIP	TALL FL 32312	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY HENKLEY	
STREET ADDRESS	9601 MCCOUSUCKE RD.	
CITY-ST-ZIP	TALL, FL 32309	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lois T. Pride* REQUEST. PRIDE

1-10-03 (85) 245-8545

CR2E037 (10/02)