2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am s Secretary of State DOCUMENT # N0000005441 PALM HARBOR RECREATIONAL SOCCER CLUB, INC. 03-27-2001 90015 027 ****70.00 Principal Place of Business Mailing Address 1968 BAYSHORE BOULEVARD 1968 BAYSHORE BOULEVARD **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 🖘 🖘 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CIANGRONE, JOSEPH R 1968 BAYSHORE BOULEVARD **DUNEDIN FL 34698** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 90 ☐ Delete ☐ Change Addition TITLE TITLE ELLIBIT, ROD PUTNAM, STEVE NAME NAME 1240 ENISWOOD PKMY STREET ADDRESS STREET ADDRESS 9 LINDEN LANE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change TITLE VSD Delete TITLE ☐ Addition NAME COOREY, FRANK NAME STREET ADDRESS STREET ADDRESS 2126 E. CITRUS WAY CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Delete Addition TITLE TITLE ☐ Change TARLE TON NAME SMITH, MIKE NAME ORANGECETST AJE STREET ADDRESS 1968 BAYSHORE BOULEVARD STREET ADDRESS PL 34683 CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698 Defete TITLE ☐ Change ☐ Addition TITLE NAME CIANFRONE, JOSEPH R NAME STREET ADDRESS STREET ADDRESS 848 HILLSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED