

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90067 006 \*\*\*\*61.25

**DOCUMENT # N00000005441**

1. Entity Name

**PALM HARBOR RECREATIONAL SOCCER CLUB, INC.**

Principal Place of Business

**1968 BAYSHORE BOULEVARD  
DUNEDIN FL 34698**

Mailing Address

**1968 BAYSHORE BOULEVARD  
DUNEDIN FL 34698**

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

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CIANGRONE, JOSEPH R  
1968 BAYSHORE BOULEVARD  
DUNEDIN FL 34698**

*(name misspelled)*

7. Name and Address of New Registered Agent

Name  
**\* Cianfrone, Joseph R.**  
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.

**\* (Spelling correction)**

SIGNATURE

*Joseph R. Cianfrone*

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 **VSD** ☒ Delete  
NAME **COOREY, FRANK**  
STREET ADDRESS **2126 E. CITRUS WAY**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **CIANFRONE, JOSEPH R**  
STREET ADDRESS **848 HILLSIDE DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **PD** ☒ Delete  
NAME **ELLIOTT, RON**  
STREET ADDRESS **1240 ENISWOOD PKWY**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **T** ☐ Delete  
NAME **TARLETON, JOHN K**  
STREET ADDRESS **1659 E ORANGEEREST AVE.**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VSD** ☒ Change ☐ Addition  
NAME **LA Rocca, Michael**  
STREET ADDRESS **1986 Spanish Pine Dr.**  
CITY-ST-ZIP **Dunedin, FL 34698**

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **Tim Dinsmore**  
STREET ADDRESS **3718 Woodridge Pl.**  
CITY-ST-ZIP **Palm Harbor, FL 34684**

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

TITLE ☐ Change ☐ Addition  
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:**

*Michael La Rocca* **1-29-02 727-7096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)