

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-17-2003 90177 030 ****61.25

DOCUMENT # N02000004646

1. Entity Name

SOCCER FOR SOULS, INC.



Principal Place of Business

**15310 AMBERLY DRIVE SUITE 150
TAMPA FL 33647**

Mailing Address

**15310 AMBERLY DRIVE SUITE 150
TAMPA FL 33647**

2. Principal Place of Business

15310 Amberly Dr.

3. Mailing Address

15310 Amberly Dr

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

150

City & State

Tampa FL

City & State

Tampa FL

Zip

33647

Country

Zip

33647

Country

4. FEI Number

01-0718544

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

**TUTWILER, ALLISON B
5312 WITHAM COURT
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

Allison Tutwiler

Street Address (P.O. Box Number is Not Acceptable)

5312 WITHAM CT

City

TAMPA

FL

Zip Code

33647

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

Alison B. Tutwiler

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 ☐ Delete
NAME **C**
STREET ADDRESS **CASABLANCA PECORA, MARIA S**
CITY-ST-ZIP **9307 HERITAGE OAK COURT
TAMPA FL 33647**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **TUTWILER, ALLISON B**
CITY-ST-ZIP **5312 WITHAM COURT
TAMPA FL 33647**

TITLE ☐ Delete
NAME **BILL BURTON**
STREET ADDRESS **PO Box 272024**
CITY-ST-ZIP **TAMPA FL 33688-2024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/03

CR2E037 (10/02)