

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28820

1. Entity Name

CARROLLWOOD SOCCER ASSOCIATION, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 016 ****61.25

Principal Place of Business

P O BOX 271390
TAMPA FL 33688
US

Mailing Address

P O BOX 271390
TAMPA FL 33688
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 **59-2927409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FARRELL, TIM
4220 MEADOWHILL DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

PATRICK HOWARD

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

**9103 Roberts RD
ODESSA FL 33556**

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.

PATRICK HOWARD TREASURER 3/4/01

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TD	HOWARD, PAT	P O BOX 942	ODESSA FL 33556	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DITTILLIO, DAVE	4009 ARROYO LN	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	FARRELL, TIM	4220 MEADOWHILL DR	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BUSHMAN, CATHY	17614 PASTURE RD	ODESSA FL 33556	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	AUSTIN, ED	19927 GUNN HWY	ODESSA FL 33556	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	COPESTICK, KEVIN	14801 ST IVES PLACE	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK HOWARD

TREASURER

Date

Daytime Phone #

**3/4/01
812-625-6385**

CR2E037 (10/00)