

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

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90115 028 ****61.25

0083398

DOCUMENT # N50226

1. Entity Name

SOUTH HILLSBOROUGH SOCCER, INC.



Principal Place of Business

P.O. BOX 3689
APOLLO BEACH FL 33572-1006

Mailing Address

P.O. BOX 3689
APOLLO BEACH FL 33572-1006

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 **59-3132620**

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

ZAJAC, TROY
13009 PRESTWICK DR
RIVERVIEW FL 33569

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 **DT** ☐ Delete
NAME **GRAHAM, GEORGINA**
STREET ADDRESS **10414 HARVESTIME PL**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **DP** ☒ Delete
NAME **HAWK, ROBIN**
STREET ADDRESS **734 GRAN KAYMEN WAY**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **PD** ☐ Delete
NAME **WAYNE, SCOTT**
STREET ADDRESS **12804 YARN PL**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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 **NPOFF FIELDS** ☐ Change ☒ Addition
NAME **Dan chappett**
STREET ADDRESS
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **V P Coachs** ☐ Change ☒ Addition
NAME **Henry Kirkland**
STREET ADDRESS **19114 17th Ave SE**
CITY-ST-ZIP **RUSKIN FL 33570**

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

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: **Georgina Graham**

6/20/03 8136722415

CR2E037 (10/02)