

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90023 001 ****61.25

DOCUMENT # N94000000313

1. Entity Name

NEW TAMPA SOCCER ASSOCIATION, INC.

Principal Place of Business

4812 LONDONDERRY DR
 TAMPA FL 33647
 US

Mailing Address

P.O. BOX 46875
 TAMPA FL 33647

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

59-3224768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MICHAEL J
4812 LONDONDERRY DR
TAMPA FL 33647

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

After September 13, 2002,
min. will be \$236.25.

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 **PD** ☐ Delete
 NAME **BRAY, CARYN**
 STREET ADDRESS **7203 WAREHAM DR**
 CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **VD** ☒ Delete
 NAME **LUKER, MICHELLE**
 STREET ADDRESS **5004 DAVENSHIRE WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VP** ☐ Change ☒ Addition
 NAME **JOSE TORRES**
 STREET ADDRESS **P.O. Box 46875**
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE **SD** ☐ Delete
 NAME **MAY, LISETTE**
 STREET ADDRESS **17713 SHANNON OAKS CT**
 CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **TD** ☐ Delete
 NAME **PEREZ, MICHAEL**
 STREET ADDRESS **4812 LONDONDERRY DR**
 CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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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 J Perez **REINHOLD J. PEREZ**

7/4/02

(813) 221-2411

CR2E037 (4/02)