

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003280

1. Entity Name

TAMPA SOCCER ACADEMY, INCORPORATED

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90041 018 ****70.00

Principal Place of Business

455 ALT 19 S
#B22
PALM HARBOR FL 34683-5926
US

Mailing Address

455 ALT 19 S
#B22
PALM HARBOR FL 34683-5926
US

2. Principal Place of Business

455 ALT 19 S.

Suite, Apt. #, etc.

205

City & State
Palm Harbor, FL

Zip
34683-5926

Country
USA

3. Mailing Address

455 ALT 19 S.

Suite, Apt. #, etc.

205

City & State
Palm Harbor, FL

Zip
34683-5926

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3387915

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, LENI WEAVER
455 ALT 19 S
#B22
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

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

455 ALT 19 S

205

City
Palm Harbor

FL

Zip Code
34683

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. (new address)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, LUCIANO 455 ALT 19 S, #B22 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FERNANDEZ, LENI WEAVER 455 ALT 19 S, #B22 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, OSCAR R 8920 NW 8TH STREET #402 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address only) 455 ALT 19 S. #205 Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 ALT 19 S. #205 Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Leni W. Fernandez 4/10/01 (727) 784-5666

Date

Daytime Phone #

CR2E037 (10/00)