

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003280

1. Entity Name

TAMPA SOCCER ACADEMY, INCORPORATED

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91625 036 ****70.00

Principal Place of Business

Mailing Address

455 ALT 19 S
205
PALM HARBOR FL 34683-5926
US

455 ALT 19 S
205
PALM HARBOR FL 34683-5926
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

59-3387915

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, LENI WEAVER
455 ALT 19 S
205
PALM HARBOR FL 34683

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FERNANDEZ, LUCIANO
STREET ADDRESS 455 ALT 19 S, #B22
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD
NAME FERNANDEZ, LENI WEAVER
STREET ADDRESS 455 ALT 19 S, #B22
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FERNANDEZ, OSCAR R
STREET ADDRESS 8920 NW 8TH STREET #402
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME Oscar Fernandez
STREET ADDRESS 455 ALT. 19 S. #205
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Leni Weaver Fernandez* **Leni Weaver Fernandez** April 20, 2002 727 784-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)