

2000 UNIFORM BUSINESS REPORT (UBR)

5/19

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-19-2000 90055 003 ****61.25

DOCUMENT # N97000003203

1. Entity Name

TAMPA BAY HEATHER SOCCER CLUB, INC.

Principal Place of Business

**3525 CRAFTSMAN BLVD.
LAKELAND FL 33803**

Mailing Address

**3525 CRAFTSMAN BLVD.
LAKELAND FL 33803-7397**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3449746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOFIELD, ROBERT
3525 CRAFTSMAN BLVD
LAKELAND FL 33803**

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.

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	D	<input type="checkbox"/> Delete
NAME	SCHOFIELD, ROBERT	
STREET ADDRESS	3525 CRAFTSMAN BLVD.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOFIELD, LINDA	
STREET ADDRESS	3525 CRAFTSMAN BLVD.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, THERESA	
STREET ADDRESS	3525 CRAFTSMAN BLVD.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLISTER, MARY	
STREET ADDRESS	3525 CRAFTSMAN BLVD.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	KUGLEY JOANN (D)	<input type="checkbox"/> Delete
NAME	16511 NORWOOD DR	
STREET ADDRESS	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)