

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90164 039 \*\*\*\*70.00

**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**

2. Principal Place of Business

**3023 CUNARD DR**

Suite, Apt. #, etc.

3. Mailing Address

**3023 CUNARD DR**

Suite, Apt. #, etc.

City & State

**VALRICO, FL**

Zip

**33594**

Country

**USA**

City & State

**VALRICO, FL**

Zip

**33594**

Country

**USA**

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

**FEENEY, THOMAS J**

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

**3023 CUNARD DRIVE**

City

**VALRICO, FL**

**FL**

Zip Code

**33594**

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

**Thomas J. Feeney, President Thomas J. Feeney**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/01**

**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 ☒ Delete  
NAME **D**  
STREET ADDRESS **SCHOFIELD, ROBERT**  
CITY-ST-ZIP **3525 CRAFTSMAN BLVD.  
LAKELAND FL 33803**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **SCHOFIELD, LINDA**  
CITY-ST-ZIP **3525 CRAFTSMAN BLVD.  
LAKELAND FL 33803**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KUBLEY, JOANN**  
CITY-ST-ZIP **16511 NORWOOD DR  
TAMPA FL 33624**

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 ☐ Change ☒ Addition  
NAME **FEENEY, THOMAS J**  
STREET ADDRESS **3023 CUNARD**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☒ Addition  
NAME **PERRY, MICHAEL**  
STREET ADDRESS **1321 KUSTLING OAKS DR**  
CITY-ST-ZIP **BRANDON, FL 33510**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/27/01 813-288-1050**

Daytime Phone #

CR2E037 (10/00)