

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90005 007 ****70.00

DOCUMENT # N97000004999

1. Entity Name

PALM HARBOR NIGHTHAWKS SOCCER CLUB, INC.

Principal Place of Business

1968 BAYSHORE BLVD.
DUNEDIN FL 34698

Mailing Address

1968 BAYSHORE BLVD.
DUNEDIN FL 34698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462313

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

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	DP	<input checked="" type="checkbox"/> Delete
NAME	PUTNAM, STEVE	
STREET ADDRESS	5 LINDEN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LAROCCA, MIKE	
STREET ADDRESS	1986 SPANISH PINES DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EPPE, LOIS	
STREET ADDRESS	2092 GROVELAND RD	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MIKE	
STREET ADDRESS	2197 BRENT PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIANFRONE, JOSEPH R	
STREET ADDRESS	848 HILLSIDE DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRISCIA, ANDY	
STREET ADDRESS	2511 DOLLY BAY DR #304	
CITY-ST-ZIP	PALM HARBOR FL 34684	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, RON	
STREET ADDRESS	1240 GUISW000 PKWY	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
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	DT/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARLETON, John K.	
STREET ADDRESS	1659 E ORANGECREST AVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Covey, CRANK	
STREET ADDRESS	2126 EAST CITRUS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

727-299-1200

Date

Daytime Phone #

CR2E037 (10/00)