

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90145 018 \*\*\*\*\*61.25

**DOCUMENT # N97000004999**

1. Entity Name

**PALM HARBOR NIGHTHAWKS SOCCER CLUB, INC.**

Principal Place of Business

Mailing Address

**1968 BAYSHORE BLVD.  
DUNEDIN FL 34698**

**1968 BAYSHORE BLVD.  
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3462313**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CIANFRONE, JOSEPH R  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698**

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 **DP** ☒ Delete  
NAME **ELLIOTT, RON**  
STREET ADDRESS **1240 ENISWOOD PKWY**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DP Michael ha Rocca** ☒ Change ☐ Addition  
NAME **1986 Spanish Pine Dr**  
STREET ADDRESS **Dunedin, fl. 34698**  
CITY-ST-ZIP

TITLE **DV** ☒ Delete  
NAME **LAROCCA, MIKE**  
STREET ADDRESS **1986 SPANISH PINES DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DV** ☐ Change ☐ Addition  
NAME **Tim Divismore**  
STREET ADDRESS **3718 Woodridge Pl.**  
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE **DTS** ☐ Delete  
NAME **TARLETON, JOHN K**  
STREET ADDRESS **1659 E ORANGECREST AVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CIANFRONE, JOSEPH R**  
STREET ADDRESS **848 HILLSIDE DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **COVEY, FRANK**  
STREET ADDRESS **2126 EAST CITRUS**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Michael ha Rocca** 1-25-02 797-7090

CR2E037 (9/01)