

2000 UNIFORM BUSINESS REPORT (UBR)

1/1

DOCUMENT # N99000006248

1. Entity Name

SOCCER OUTREACH INTERNATIONAL, INC.

Principal Place of Business

530 DOG TRACK ROAD
LONGWOOD FL 32750

Mailing Address

530 DOG TRACK ROAD
LONGWOOD FL 32750-6546

2. Principal Place of Business

2875 S. Orange Ave.

Suite, Apt. #, etc.

Ste 500, PMB 605

City & State

Orlando, FL

Zip

32806

Country

USA

3. Mailing Address

2875 S. Orange Ave.

Suite, Apt. #, etc.

Suite 500, PMB 605

City & State

Orlando, FL

Zip

32806

Country

Orange

4. FEI Number

59-3603861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
222 WEST COMSTOCK AVENUE SUITE 111
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	AKERS, MICHELLE	
STREET ADDRESS	530 DOG TRACK ROAD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JUDY	
STREET ADDRESS	530 DOG TRACK ROAD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSAM, ALICE	
STREET ADDRESS	530 DOG TRACK ROAD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle Akers	
STREET ADDRESS	PMB 605, 2875 S. Orange Ave. Ste 500	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, Judy	
STREET ADDRESS	PMB 605, 2875 S. Orange Ave. Ste 500	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wassam, Alice	
STREET ADDRESS	PMB 605, 2875 S. Orange Ave. Ste 500	
CITY-ST-ZIP	Orlando, FL 32804	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

407-425-4824

Daytime Phone #