

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006248

1. Entity Name

SOCCER OUTREACH INTERNATIONAL, INC.

Principal Place of Business

2875 S ORANGE AV
STE 500 PMB 605
ORLANDO FL 32806

Mailing Address

2875 S ORANGE AV
STE 500 PMB 605
ORLANDO FL 32806

2. Principal Place of Business

800 South Orlando Ave.

3. Mailing Address

800 South Orlando Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

FL 32751

Country

USA

Zip

FL 32751

Country

USA

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
400 N WYMORE ROAD
SUITE 110
WINTER PARK FL 32789

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
NAME AKERS, MICHELLE ☐ Delete
STREET ADDRESS PMB 605 2875 S ORANGE AV STE 500
CITY-ST-ZIP ORLANDO FL 32504

TITLE D
NAME DALTON, JOE ☐ Delete
STREET ADDRESS 507 HEATHER BRITE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

TITLE D
NAME HAMMON, CRAIG ☐ Delete
STREET ADDRESS GORDON COLLEGE, 255 GRAPEVINE RD
CITY-ST-ZIP WENHAM MA 01984

TITLE D
NAME CROMWELL, AMANDA ☐ Delete
STREET ADDRESS 325 OAK LEAF CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D
NAME JACKSON, WESS ☐ Delete
STREET ADDRESS 6900 SOUTH GRAY ROAD
CITY-ST-ZIP INDIANAPOLIS IN 46237

TITLE D
NAME MAULDIN, KATIE ☐ Delete
STREET ADDRESS 430 MILLEDGE TERRANCE
CITY-ST-ZIP ATHENS GA 30606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required Dalton, President 5/1/02 407-629-0545

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90346 008 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)