

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006248

FILED  
Jul 11, 2003  
Secretary of State

Entity Name: SOCCER OUTREACH INTERNATIONAL, INC.

## Current Principal Place of Business:

800 S. ORLANDO AVE STE 110  
MAITLAND, FL 32751

## New Principal Place of Business:

20845 YAM STREET  
ORLANDO, FL 32833

## Current Mailing Address:

800 S. ORLANDO AVE STE 110  
MAITLAND, FL 32751

## New Mailing Address:

20845 YAM STREET  
ORLANDO, FL 32833

FEI Number: 59-3603861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUTCHINS, ROBERT J  
400 N WYMORE ROAD  
SUITE 110  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

COLEMAN, TIM W  
20845 YAM STREET  
ORLANDO, FL 32833 US

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: TIMOTHY COLEMAN

07/11/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AKERS, MICHELLE  
Address: PMB 605 2875 S ORANGE AV STE 500  
City-St-Zip: ORLANDO, FL 32504

Title: D ( ) Delete  
Name: DALTON, JOE  
Address: 507 HEATHER BRITE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: HAMMON, CRAIG  
Address: GORDON COLLEGE, 255 GRAPEVINE RD  
City-St-Zip: WENHAM, MA 01984

Title: D ( ) Delete  
Name: CROMWELL, AMANDA  
Address: 325 OAK LEAF CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: JACKSON, WESS  
Address: 6900 SOUTH GRAY ROAD  
City-St-Zip: INDIANAPOLIS, IN 46237

Title: D (X) Delete  
Name: MAULDIN, KATIE  
Address: 430 MILLEDGE TERRANCE  
City-St-Zip: ATHENS, GA 30606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: COLEMAN, TIM  
Address: 20845 YAM STREET  
City-St-Zip: ORLANDO, FL 32833

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN  
Address: PO BOX 2066  
City-St-Zip: BIRMINGHAM, AL 35201

Title: D (X) Change ( ) Addition  
Name: WAXER, EDDIE  
Address: PO BOX 2607  
City-St-Zip: BONITA SPRINGS, FL 34133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM COLEMAN

ED

07/11/2003

Electronic Signature of Signing Officer or Director

Date