

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -2 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

FLORIDA SOCCER ENTERPRISES, INC.

Principal Place of Business

11929 WANDSWORTH DR.
TAMPA FL 33626

Mailing Address

11929 WANDSWORTH DR.
TAMPA FL 33626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3508979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 15148 N. Dale Mabry

2a. Mailing Address

26 9445 Calle Alta

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 New Port Richey, FL

Zip Country

24 33618 25

Zip Country

29 34655 30

9. Name and Address of Current Registered Agent

RUTHERFORD, THOMAS S
11016 N. DALE MABRY HWY.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

David H. Davis

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

9445 Calle Alta

83

84 City

New Port Richey

FL

85 Zip Code

34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID H. DAVIS

SECRETARY

DAVID H. DAVIS

4-26-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HATZIKOUTELIS, K	
STREET ADDRESS	11929 WANDSWORTH DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DTS	☐ DELETE
NAME	DAVIS, DAVID H	
STREET ADDRESS	9445 CALLE ALTA	
CITY-ST-ZIP	NEW PORT RICHEY FL 33655	
TITLE	OV	☐ DELETE
NAME	BUNKOVSKY, V	
STREET ADDRESS	9530 NORCHESTER CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID H. DAVIS

DAVID H. DAVIS

SECRETARY

4-26-00

Date

813-269-7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #