

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91179 047 \*\*\*\*61.25

**DOCUMENT # N38359**  
 1. Entity Name  
**CORAL SPRINGS YOUTH SOCCER, INC.**

Principal Place of Business                      Mailing Address  
**PO BOX 8014**                                      **PO BOX 8014**  
**CORAL SPRINGS FL 33075**                      **CORAL SPRINGS FL 33075**

**80108903**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
 City & State    City & State  
 Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**65-0203021**                      Not Applicable  
 5. Certificate of Status Desired                       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VANDERBECK**  
**VANDRBEROCK, ROBERT S**  
**9913 SW 1ST CT.**  
**CORAL SPRINGS FL 33071**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEPIETRI, ALLEN</b> <b>5300 NW 65 TERR.</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COFFMAN, WILLIAM A</b> <b>170 NW 112TH LANE</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MARCHANT, EDWARD</b> <b>6642 NW 48TH ST</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PATON, DOUGLAS</b> <b>10917 NW 14TH ST</b> <b>CORAL SPRINGS FL 33071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARL BIERMAN</b> <b>10966 NW 14 STREET</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FRIEDMAN, RICHARD</b> <b>1697 CYPRESS PT DRIVE</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DEPIETRI, ALLEN</b> <b>5300 NW 65 TERR</b> <b>CORAL SPRINGS FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>COFFMAN, WILLIAM A</b> <b>170 NW 112 LANE</b> <b>CORAL SPRINGS FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCHANT, EDWARD</b> <b>6642 NW 48 ST</b> <b>CORAL SPRINGS FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHRISTMAS, DAVID</b> <b>1560 NW 103 TERR</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William A. Coffman*                      *4/28/02*                      *954-429-2135*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (9/01)