

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000721

1. Entity Name

BRADEN RIVER SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 20001
BRADENTON FL 34204-0001

P.O. BOX 20001
BRADENTON FL 34204-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIOFALO, MAUREEN C
3112 CYPRESS CIRCLE
BRADENTON FL 34202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Delete
NAME	CLARK, DOUGLAS	
STREET ADDRESS	7104 13TH ST. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DV	☒ Delete
NAME	FULLAGAR, MARK	
STREET ADDRESS	5610 35TH COURT EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DS	☒ Delete
NAME	CHIOFALO, MAUREEN	
STREET ADDRESS	6112 CYPRESS CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	T	☒ Delete
NAME	DOLL, BOB	
STREET ADDRESS	7224 ALDERWOOD DR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	R	☒ Delete
NAME	MORRIS, JACKIE	
STREET ADDRESS	6430 44TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director - President	☐ Change ☐ Addition
NAME	Maureen C. Chiofalo	
STREET ADDRESS	6112 Cypress Circle	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	Director - Vice President	☒ Change ☐ Addition
NAME	John Feldman	
STREET ADDRESS	308 65th St. N.E.	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Director - Secretary	☒ Change ☐ Addition
NAME	Kim McCullen	
STREET ADDRESS	955 53rd Ave. E., Apt. 634	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Director - Treasurer	☒ Change ☐ Addition
NAME	Christine Foy	
STREET ADDRESS	1112 6th St. West	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Director - Registrar	☒ Change ☐ Addition
NAME	Guillermo Alverio	
STREET ADDRESS	5007 60th St. E.	
CITY-ST-ZIP	Bradenton, FL 34203	
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: *Maureen C. Chiofalo*

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941-746-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)