## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9800000721 May 06, 2002 8:00 am Secretary of State 1. Entity Name :-BRADEN RIVER SOCCER CLUB, INC. 05-06-2002 90269 042 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 20001 P.O. BOX 20001 BRADENTON FL 34204-0001 BRADENTON FL 34204-0001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Matthew-G-Farhat Street Address (P.O. Box Number is Not Acceptable) CHIOFALO, MAUREEN C Summer 3112 CYPRESS CIRCLE Meadow **BRADENTON FL 34202** Braden ton Zip Code 342-02 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution, Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change -NAME CHIOFALO, MAUREEN C NAME STREET ADDRESS 6112 CYPRESS CIR-STREET ADDRESS 12115 Summer Meadow CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CLARK, DOUGLAS NAME STREET ADDRESS 7104 13TH ST E. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP ☐ Delete TITLE ☐ Change RUSHNELL, ALMA ☐ Addition NAME NAME 8451 GARDENS CIR #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243\_ CITY-ST-ZIP DT ☐ Delete TITLE ☐ Addition ANDER, DAVE NAME NAME Audet, David STREET ADDRESS 6925 REX LN STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ALVERIO, GUILLERMO NAME STREET ADDRESS 5007 60TH ST E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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