

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90339 010 \*\*\*\*61.25

**DOCUMENT # N98000000721**

1. Entity Name

**BRADEN RIVER SOCCER CLUB, INC.**



Principal Place of Business

P.O. BOX 20001  
BRADENTON FL 34204-0001

Mailing Address

P.O. BOX 20001  
BRADENTON FL 34204-0001

2. Principal Place of Business

**5490 Lakewood Ranch Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton FL**

City & State

Zip

**34202**

Country

**USA**

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FARHAT, MATTHEW G  
12115 SUMMER MEADOW DR  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name **Maureen Chiofalo**

Street Address (P.O. Box Number is Not Acceptable)  
**6112 Cypress Circle**

City **Bradenton**

**FL**

Zip Code  
**34202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Matthew G. Farhat* pres. **Matthew G. Farhat**

**4/4/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                         |                                            |
|------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>CLARK, DOUGLAS<br>7104 13TH ST E<br>SARASOTA FL 34243            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>RUSHNELL, ALMA<br>8451 GARDENS CIR #7<br>SARASOTA FL 34243        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>AUDET, DAVID<br>6925 REX LN<br>SARASOTA FL 34243                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DR<br>ALVERIO, GUILLERMO<br>5007 60TH ST E<br>BRADENTON FL 34203        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>FARHAT, MATTHEW G<br>12115 SUMMER MEADOW DR<br>BRADENTON FL 34202 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                    |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.P.<br>Brenden Moriarty<br>6306 98th St. E.<br>Bradenton FL 34202 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Sec<br>Kim McCullen<br>707 46th St. E.<br>Bradenton FL 34208       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

*Matthew G. Farhat* pres. **Matthew G. Farhat**

**4/4/03**

**941-957-6464**

CR2E037 (10/02)