

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90273 017 \*\*\*\*61.25

**DOCUMENT # NO1000004242**

1. Entity Name  
**POLO PLAYERS SUPPORT GROUP, INC.**



Principal Place of Business  
**13860 WELLINGTON TRACE, BOX 289  
WELLINGTON FL 33414**

Mailing Address  
**13860 WELLINGTON TRACE, BOX 289  
WELLINGTON FL 33414**

2. Principal Place of Business  
**8374 Market St.  
Suite, Apt. #, etc.  
Box 485**

3. Mailing Address  
**8374 Market St.  
Suite, Apt. #, etc.  
Box 485**

City & State  
**Bradenton, FL**

City & State  
**Bradenton, FL**

Zip  
**34202-5137**

Country

Zip  
**34202-5137**

Country

4. FEI Number **65-1122507**

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

**MORIARTY, BRENDEN S  
1023 MANATEE AVENUE WEST  
BRADENTON FL 34205**

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

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  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS OFFEN, DAVID 13860 WELLINGTON TRACE, BOX 289 WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OFFEN, TODD 481 AZZURE ST WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COPPOLA, ANTHONY 13889 WELLINGTON TRACE A10 WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GANNON, TIM 2202 N WESTSHORE BLVD SUITE 500 TAMPA FL 33601</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORIARTY, BRENDEN S 1023 MANATEE AVE W BRADENTON FL 34205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/V/S Offen, David 8374 Market St., Box 485 Bradenton, FL 34202-5137</b> <input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **David Offen** Director

**1-31-03 (516) 528-3821**

CR2E037 (10/02)