

**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 # N01000004242



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.

3. Mailing Address
8374 Market St.

Suite, Apt. #, etc.
Box 485

Suite, Apt. #, etc.
Box 485

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number **65-1122507**

Applied For
Not Applicable

Zip
34202-5137

Country

Zip
34202-5137

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE: *David Offen* **David Offen** Director

1-31-03 (516) 528-3821

CR2E037 (10/02)