

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91026 021 *****61.25

DOCUMENT # 740153

1. Entity Name

MARGATE YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business

**480 S.W. 49TH TERRACE
MARGATE FL 33068**

Mailing Address

**480 S.W. 49TH TERRACE
MARGATE FL 33068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2072723**

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

7. Name and Address of New Registered Agent

**DEXTER, JANE M
480 SW 49 TERR
MARGATE FL 33068**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	CASE, CHRIS	
STREET ADDRESS	440 CLANCEY CIR	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALDSPURGER, G.	
STREET ADDRESS	6413 NW 20 ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASE, WILLIAM	
STREET ADDRESS	440 CLANCEY CIR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEXTER, J	
STREET ADDRESS	480 SW 49 TERR	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PUMARIEGA, LISA	
STREET ADDRESS	458 NW 69TH TERR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
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
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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 all other like empowered.

SIGNATURE:

George Waldspurger **GEORGE WALDSPURGER**

4 APRIL 2003

954 977-3912

CR2E037 (10/02)