

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90071 050 \*\*\*\*61.25

0037972

**DOCUMENT # 744273**

1. Corporation Name

**GOLD COAST SOCCER LEAGUE, INC.**

108417 - 90071 - 50

Principal Place of Business

C/O PATRICIA BORRELLO. TREAS.  
5200 S.W. 9 STREET  
PLANTATION FL 33317

Mailing Address

C/O PATRICIA BORRELLO. TREAS.  
5200 S.W. 9 STREET  
PLANTATION FL 33317



2. Principal Place of Business

**c/o Jonathan Young**

2a. Mailing Address

**c/o Jonathan Young**

3. Date Incorporated or Qualified

**09/14/1978**

Suite, Apt. #, etc.

**1051 N.W. 45 Court**

Suite, Apt. #, etc.

**1051 N.W. 45 Court**

4. FEI Number

**59-1900310**

Applied For

Not Applicable

City & State

**Ft. Lauderdale, FL 33309**

City & State

**Ft. Lauderdale, FL 33309**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BORRELLO, ROGER F. ESQ.**  
**300 N W 70 AVE**  
**SUITE 301**  
**PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **KRSLOVIC, KRUNO**  
STREET ADDRESS **5900 NW 60 ST**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **CD** ☐ DELETE  
NAME **LEWIS, RUDY**  
STREET ADDRESS **1000 PARKVIEW DR. #316**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☐ DELETE  
NAME **MEEROFF, SUSAN**  
STREET ADDRESS **6061 NW 68 ST**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **TD** ☒ DELETE  
NAME **BORRELLO, PATRICIA**  
STREET ADDRESS **5200 SW 9 ST.**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VD** ☒ DELETE  
NAME **CARUSI, DANIEL**  
STREET ADDRESS **517 SW 1ST AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **TD**  
4.3 STREET ADDRESS **YOUNG, JONATHAN**  
4.4 CITY-ST-ZIP **1051 NW 45 CT.**  
**FT. LAUDERDALE, FL 33309**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)