

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755338

1. Entity Name

PORT ST. LUCIE SOCCER CLUB, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90195 016 ****70.00

Principal Place of Business

700 SW CARMELITE ST
PORT ST. LUCIE FL 34983
US

Mailing Address

700 SW CARMELITE ST
PORT ST. LUCIE FL 34983-1860
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2113531

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGIRGIO, JACK
1907 SE MANDRAKE CIR
PORT ST. LUCIE FL 34952

Name

DIGIRGIO

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.

SIGNATURE

Jack Digirgio

(NOTE: Registered Agent signature required when reinstating)

2/9/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DIGIRGIO, JACK	
STREET ADDRESS	1907 SE MANDRAKE CIR.	
CITY-ST-ZIP	PT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIEFENDORF, BECKY	
STREET ADDRESS	438 SW NATIVITY TER	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOOM, STEVE	
STREET ADDRESS	5001 ERSKIN TER	
CITY-ST-ZIP	PT ST LUCIE FL 34983	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAZZALLA, MIKE	
STREET ADDRESS	886 SE STARFLOWER AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GEORGEANN	
STREET ADDRESS	3950 SW LAFFITE ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRODSKY, SANDRA	
STREET ADDRESS	743 SE CHALOUPPE AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34983	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1907 SE MANDRAKE CIR.	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AILEEN FRUITT	
STREET ADDRESS	3012 SW COLLINGS JR.	
CITY-ST-ZIP	PORT ST-LUCIE, FL. 34953	
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	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN KOBYLSKI	
STREET ADDRESS	3261 SE PINTO ST.	
CITY-ST-ZIP	PORT ST-LUCIE, FL. 34984	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA SLOCKI	
STREET ADDRESS	582 SW RAMORA BAY	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34986	

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:

Jack Digirgio REGISTERED JACK DIGIRGIO 2/9/2000 (561) 223-3713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)