

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755338

1. Entity Name

PORT ST. LUCIE SOCCER CLUB, INC.

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  
US

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

59-2113531

Applied For

Not Applicable

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

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

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DIGIORGIO, JACK  
1907 SEMANDRAKE CIR  
PT ST LUCIE FL 34952  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PRUITT, AILEEN  
3012 SW COLLINS DR  
PT ST LUCIE FL 34953  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KING, TERESA  
298 SE CROSSPOINT DRIVE  
PORT ST. LUCIE, FL. 34983  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLOOM, STEVE  
5001 ERSKIN TER  
PT ST LUCIE FL 34983  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TAMMY HARRIS  
1070 SW JENNIFER TERRACE  
PORT ST. LUCIE, FL. 34953  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GAZZALLA, MIKE  
886 SE STARFLOWER AVE  
PORT ST. LUCIE FL 34983  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KOBYLSKI, JAN  
3261 SE PINTO ST  
PORT SAINT LUCIE FL 34984  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OMAR TRIBULO  
P.O. BOX 7752  
PORT ST. LUCIE, FL. 34985  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SLOCKI, BRENDA  
582 SW RAMORA BAY  
PORT SAINT LUCIE FL 34986  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90123 016 \*\*\*\*61.25

00047085



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)