

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90678 012 ****61.25

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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **50-211353165-08894**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, RICKY L
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name **Richard Schoonmaker**

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

6696 S. US 1

Port St Lucie, F

34953

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 **Richard Schoonmaker**

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

(NOTE: Registered Agent signature required when reinstating)

3/12/03

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 **P** ☐ Delete
NAME **MIKE, GAZZELLA**
STREET ADDRESS **2621 SW HAMDEN RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

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

TITLE **T** ☐ Delete
NAME **JEAN, RAMSEY**
STREET ADDRESS **933 SW FENWAY ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Michele Currie**
STREET ADDRESS **1961 SW Capeador St**
CITY-ST-ZIP **Port St Lucie, FL 34953**

TITLE **S** ☐ Delete
NAME **TAMMY, HARRIS**
STREET ADDRESS **1070 SW JENNIFER ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

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

TITLE **VP** ☒ Delete
NAME **DEMPSEY, JACK**
STREET ADDRESS **542 RON RICO TR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

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

TITLE **D** ☐ Delete
NAME **ALFREDO, MORA**
STREET ADDRESS **1102 SSW HUTCHINS ST**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

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

TITLE **D** ☐ Delete
NAME **JACK, DIGIORIA**
STREET ADDRESS **1907 SEMANDRAKE CIRCLE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Change ☐ 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: **Richard Schoonmaker**

3/12/03 772-879-4405

CR2E037 (10/02)