

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759318

1. Entity Name

TAMARAC SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 26835
TAMARAC FL 33320-6835

P.O. BOX 26835
TAMARAC FL 33320-6835

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

NOT APPLICABLE

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

SPANGLER, DEBRA F
7800 NW 66TH TERR
TAMARAC FL 33321

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 PD ☐ Delete
NAME SPANGLER, DEBRA F
STREET ADDRESS 7800 NW 66TH TERR
CITY-ST-ZIP TAMARAC FL

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

TITLE VPD ☐ Delete
NAME GRECO, DOMINICK
STREET ADDRESS 7800 NW 66TH TERR
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE TSD ☒ Delete
NAME PERLMUTER, ATHEA
STREET ADDRESS 7501 NW 70ST AVE
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☒ Addition
NAME SD michela Smith
STREET ADDRESS 9711 NW 73 Ter.
CITY-ST-ZIP TAMARAC, FL. 33321

TITLE TD ☒ Delete
NAME ORDONEZ, CHRISTINA
STREET ADDRESS 8981 NW 78TH ST. APT. #265
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☒ Addition
NAME TD Kim Pfeiffer
STREET ADDRESS 8113 NW 75 Ave.
CITY-ST-ZIP TAMARAC, FL. 33321

TITLE CD ☒ Delete
NAME BUCKRIDGE, FREDRICK
STREET ADDRESS 8941 NW 78TH ST APT. #234
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☒ Addition
NAME CD Leela Jaggersad
STREET ADDRESS 8750 NW 57 Lane
CITY-ST-ZIP TAMARAC, FL. 33321

TITLE D ☐ Delete
NAME BUCKRIDGE, MARGARET
STREET ADDRESS 8941 NW 78TH ST APT. #234
CITY-ST-ZIP TAMARAC FL 33321

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02

954-222-8217

Date

Daytime Phone #

CR2E037 (9/01)