

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90118 014 \*\*\*\*70.00

**DOCUMENT # 764553**

1. Entity Name  
**CORAL SPRINGS FLAG FOOTBALL CLUB, INC.**



Principal Place of Business

**235 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071  
US**

Mailing Address

**235 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071  
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 **59-2158761**

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

**LONDON, JACK  
235 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

*Jack London Treasurer*

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/24/03*

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	SUTZ, STAN	
STREET ADDRESS	11030 CYPRESS 85TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHERN, DAVID	
STREET ADDRESS	1500 NW 85TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PINCHEUSKY, PAULA	
STREET ADDRESS	6181 N.W. 122 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONDON, JACK	
STREET ADDRESS	235 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	HADD	<input type="checkbox"/> Delete
NAME	LEVIN, BRYAN	
STREET ADDRESS	5024 NW 95TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	HADD	<input type="checkbox"/> Delete
NAME	FRISICANO, CHRISTINA	
STREET ADDRESS	9700 NW 1ST MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Granity	
STREET ADDRESS	8450 NW 49th Drive	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Fields	
STREET ADDRESS	1230 NW 93rd St	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Granity	
STREET ADDRESS	8450 NW 49th Drive	
CITY-ST-ZIP	Coral Springs, FL 33067	
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		

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]* **SIGNATURE REQUIRED**

*3/24/03*

*954-341-5344*

CR2E037 (10/02)