

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770852

1. Entity Name

CORAL SPRINGS BMX ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90006 001 ****70.00

Principal Place of Business

Mailing Address

10000 NW 29TH ST
CORAL SPRINGS FL 33075

P.O. BOX 9602
CORAL SPRINGS FL 33075-0602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2399385

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

FAORO, JERRY
2347 NW 97 LANE
CORAL SPRINGS FL 33065

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

Jerry Faoro

5/9/00

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	P	<input type="checkbox"/> Delete
NAME	FAORO, JERRY	
STREET ADDRESS	2347 NW 97TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSS, WENDY	
STREET ADDRESS	320 SW 81 TERR.	
CITY-ST-ZIP	FT LAUDERDALE FL 33068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHINLOY, IAN	
STREET ADDRESS	10708 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PECORINO, GREG	
STREET ADDRESS	22890 SW 65TH AVE APT B	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROOK, VICTORIA	
STREET ADDRESS	284 NW 40TH TERR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACKSON, JILL	
STREET ADDRESS	1919 SW 33RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

JERRY FAORO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)