

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90024 013 ****61.25

DOCUMENT # NO1000006676

1. Entity Name

WESTON FIELD HOCKEY CLUB, INC.

Principal Place of Business

**1259 FAIRLAKE TRACE APT. 206
 WESTON FL 33326**

Mailing Address

**1259 FAIRLAKE TRACE APT. 206
 WESTON FL 33326**

2. Principal Place of Business

PO BOX 268 238

3. Mailing Address

PO BOX 268 238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-1140427

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GBS CONSULTANTS
 1290 WESTON ROAD
 SUITE 210
 WESTON FL 33326**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **STEIN, PATRICIA C**
 STREET ADDRESS **1259 FAIRLAKE TRACE APT. 206**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **VPD** ☐ Delete
 NAME **CASTAGNOLA, CARLOS**
 STREET ADDRESS **1259 FAIRLAKE TRACE APT. 206**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **SD** ☐ Delete
 NAME **MINGO, NORMA**
 STREET ADDRESS **1259 FAIRLAKE TRACE APT. 206**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **TD** ☐ Delete
 NAME **PINTOS, MARIA B**
 STREET ADDRESS **1259 FAIRLAKE TRACE APT. 206**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **ALEMAN, JORGE E**
 STREET ADDRESS **PO BOX 268 238**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **CASTAGNOLA, CARLOS**
 STREET ADDRESS **PO BOX 268 238**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **SD** ☒ Change ☐ Addition
 NAME **SANGUINETTI, SANDRA**
 STREET ADDRESS **PO BOX 268 238**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **TD** ☒ Change ☐ Addition
 NAME **PINTOS, MARIA B**
 STREET ADDRESS **PO BOX 268 238**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Change ☒ Addition
 NAME **GIORDANO, ANA**
 STREET ADDRESS **PO BOX 268 238**
 CITY-ST-ZIP **WESTON, FL 33326**

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 REQUIRED

03/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)