

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

0007017

DOCUMENT # **N02000007121**

1. Entity Name

PARKLAND PREDATOR SOCCER, INC.



FILED

03 DEC 17 AM 11:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 4630 N.UNIVERSITY DRIVE #301 CORAL SPRINGS FL 33067 US	Mailing Address 4630 N.UNIVERSITY DRIVE #301 CORAL SPRINGS FL 33067 US
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2. Principal Place of Business 5355 Town Center Road Suite, Apt. #, etc. Suite 801 City & State Boca Raton, FL	3. Mailing Address 5355 Town Center Road Suite, Apt. #, etc. Suite 801 City & State Boca Raton, FL
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REINSTATEMENT CHECK HERE FOR MAKING CHANGES

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORELLO, LAURENCE E 4630 N.UNIVERSITY DRIVE #301 CORAL SPRINGS FL 33067		7. Name and Address of New Registered Agent Name GARY S. DUNAY Street Address (P.O. Box Number is Not Acceptable) 5355 Town Center Road #801 City Boca Raton FL Zip Code 33486	
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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 DATE **12-09-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANNY SCHIFO 5510 NW 57th Way Coral Springs, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800025539748 12/16/03--01081--004 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DODIE LASLOWIC 8400 Trotter's Lane Parkland, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARY S. DUNAY 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT MENENDEZ 7718 NW 63rd WAY PARKLAND, FL. 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, GARY S. DUNAY, Treasurer 12/9/03 561-368-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)