

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90656 032 ****61.25

DOCUMENT # N02000007779

1. Entity Name

COCONUT CREEK SOCCER, INC.



Principal Place of Business

**5005 NW 39TH AVE
COCONUT CREEK FL 33073-5039**

Mailing Address

**5005 NW 39TH AVE
COCONUT CREEK FL 33073-5039**

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

320037831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENNIKSON, MICHAEL R
3042 BAYBERRY-WAY
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **Steven M. Anderson**

Street Address (P.O. Box Number is Not Acceptable)

4284 NW 56 Drive

City **Coconut Creek**

FL

Zip Code

33073-5039

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 **Steven M. Anderson**

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

(NOTE: Registered Agent signature required when reinstating)

2-20-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete
NAME **ANDERSON, STEVEN**
STREET ADDRESS **5005 NW 39TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073-5039**

TITLE **V/D** ☐ Delete
NAME **KAPLAN, LEE**
STREET ADDRESS **5005 NW 39TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073-5039**

TITLE **D** ☒ Delete
NAME **MOHR, TERRY**
STREET ADDRESS **5005 NW 39TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073-5039**

TITLE **C/D** ☐ Delete
NAME **WOLF, SHERI**
STREET ADDRESS **5005 NW 39TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073-5039**

TITLE **D** ☒ Delete
NAME **AGOSTINO, VINCENT**
STREET ADDRESS **5005 NW 39TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073-5039**

TITLE **D** ☒ Delete
NAME **TORHEIO, DAN**
STREET ADDRESS **5005 NW 39TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073-5039**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/D** ☐ Change ☒ Addition
NAME **Simpson, John**
STREET ADDRESS **5005 NW 39 Ave**
CITY-ST-ZIP **Coconut Creek FL 33073-5039**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Levinger, Tina**
STREET ADDRESS **5005 NW 39 Ave**
CITY-ST-ZIP **Coconut Creek FL 33073 5039**

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

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

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

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

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: **Steven M. Anderson**

2-20-03 954-428-3954

CR2E037 (10/02)