

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90041 041 ****61.25

DOCUMENT # N18484

1. Entity Name

COCOA SOCCER CLUB, INC.

Principal Place of Business

5100 DALEHURST DR
COCOA FL 32926

Mailing Address

5100 DALEHURST DR
COCOA FL 32926
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2744252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOIVU, MARTIN
5100 DALEHURST DR
COCOA FL 32926

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 DP
NAME BORNBERG, DAVID
STREET ADDRESS 2675 WAGON ROAD
CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE DS
NAME IVERY, KAREN
STREET ADDRESS 1049 ORANGE WOODS BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE DS
NAME RUFF, SHELLEY
STREET ADDRESS 3471 CRAGGY BLUFF PLACE
CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME LOCKE, KAREN
STREET ADDRESS 3456 ROCKY CAY PLACE
CITY-ST-ZIP COCOA FL 32926 ☒ Change ☐ Addition

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

TITLE DV
NAME BENDAHGA, KARIM
STREET ADDRESS 201 CHANDLER DRIVE
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☒ Change ☐ Addition

TITLE TREASURER DT
NAME MARTIN KOIVU
STREET ADDRESS 5100 DALEHURST DRIVE
CITY-ST-ZIP COCOA FL 32926 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

321 632 5840

Daytime Phone #

CR2E037 (10/00)