

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 07, 2002 8:00 am
Secretary of State

05-23-2002 90075 047 ****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

37891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-2744252

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

KOJU, MARTIN
 5100 DALEHURST DR
 COCOA FL 32926

7. Name and Address of New Registered Agent

Name Karen Locke
 Street Address (P.O. Box Numbers Not Acceptable) 3456 Rocky Gap Pl.
 City Cocoa **FL** Zip Code 32926

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

Ka Joch

4/22/02

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 <input checked="" type="checkbox"/> DS	NAME <u>IVERY, KAREN</u>	STREET ADDRESS <u>1049 ORANGE WOODS BLVD</u>	CITY-ST-ZIP <u>ROCKLEDGE FL 32955</u>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> DP	NAME <u>LOCKE, KAREN</u>	STREET ADDRESS <u>3456 ROCKY GAP PLACE</u>	CITY-ST-ZIP <u>COCOA FL 32926</u>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> DV	NAME <u>BENDAHGA, KAEIM</u>	STREET ADDRESS <u>201 CHANDLER DRIVE</u>	CITY-ST-ZIP <u>CAPE CANAVERAL FL 32920</u>	<input checked="" type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> DT	NAME <u>KAVU, MARTIN</u>	STREET ADDRESS <u>5100 DALEHURST DRIVE</u>	CITY-ST-ZIP <u>COCOA FL 32926</u>	<input checked="" type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/> President	NAME <u>LOCKE, KAREN</u>	STREET ADDRESS <u>3456 ROCKY GAP PL.</u>	CITY-ST-ZIP <u>COCOA FL. 32926</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DT	NAME <u>DAVE BORNBERG</u>	STREET ADDRESS <u>5040 WAGON RD</u>	CITY-ST-ZIP <u>COCOA FL. 32926</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02