

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

KOMU, MARTIN
 5100 DALEHURST DR
 COCOA FL 32926

7. Name and Address of New Registered Agent

Name

Karen Locke

Street Address (P.O. Box Number is 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, KAREN	
STREET ADDRESS	3456 ROCKY GAP PL.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Bornberg	
STREET ADDRESS	5040 Wagon Rd	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)