

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18571

1. Entity Name

CORAL SPRINGS SOCCER CLUB, INC.

Principal Place of Business

9913 SW 1ST CT
CORAL SPRINGS FL 33071
US

Mailing Address

9913 SW 1ST CT
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

444 NW 104 Ave

3. Mailing Address

2600 NE 6th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

FTLd, FL

Zip

33071

Country

USA

Zip

33304

Country

USA

6. Name and Address of Current Registered Agent

VANDERBECK, ROBERT S CPA, MBA
9913 S.W. 1ST COURT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name: Bruce Harris
Street Address (P.O. Box Number is Not Acceptable): 10100 W. Sample Road Ste 321
City: Coral Springs FL Zip Code: 33065

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)

4/20/01
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	TD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, JAN	
STREET ADDRESS	239 NW 93 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MATTEI, SAL	
STREET ADDRESS	9787 RIVERSIDE DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DUNAYGR, DENNIS	
STREET ADDRESS	6245 NW 104 WAY	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HECHT, LOU	
STREET ADDRESS	9678 N SPRINGS WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input checked="" 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN MOSER-KATZ	
STREET ADDRESS	9721 NW 51st Street	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ninette Warren	
STREET ADDRESS	444 NW 104 Ave	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Max Cannon	
STREET ADDRESS	2600 NE 6th Ct	
CITY-ST-ZIP	FTLd, FL 33304	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Shoaft	
STREET ADDRESS	10925 NW 40th St	
CITY-ST-ZIP	Coral Springs, FL 333065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

4/20/01 954-232-5803
Date Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90066 046 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)