

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-07-2002 90182 023 ****61.25

DOCUMENT # N28354

1. Entity Name

FLORIDA UNITED GIRLS SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2660 NW 105 TERR
 CORAL SPRINGS FL 33065

2660 NW 105 TERR
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0057398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RAY, DIANE
 2660 NW 105 TERR
 CORAL SPRINGS FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **MAGLI, BARBARA**
 STREET ADDRESS **840 SW 49TH TERRACE**
 CITY-ST-ZIP **MARGATE FL**

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

TITLE **PD** ☐ Delete
 NAME **RAY, DIANE**
 STREET ADDRESS **2660 NW 105TH TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE **VD** ☒ Delete
 NAME **SHAW, RAYMOND**
 STREET ADDRESS **117 KINGS WAY**
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE ☐ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **ENOS, STEPHEN**
 CITY-ST-ZIP **1280 NW 167 Ave**

TITLE **T** ☒ Delete
 NAME **WAX, BARRY**
 STREET ADDRESS **9099 N.W. 52ND CT.**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME **PEMBROKE PINES, FL 33028**
 STREET ADDRESS **T**
 CITY-ST-ZIP **GENT, PATRICK**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Patrick Gent, Treasurer 954 981 3330 ext. 14
 8-1-02

CR2E037 (4/02)