

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38358

1. Entity Name

CORAL SPRINGS SOCCER COMMISSION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90215 016 ****61.25

Principal Place of Business

Mailing Address

10000 NW 29TH ST
P.O. BOX 8014
CORAL SPRINGS FL 33065

P O BOX 8014
P.O. BOX 8014
CORAL SPRINGS FL 33075-8014
US

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

65-0201981

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

ALABASTER, HOWARD I., ESQ.
9600 W SAMPLE RD STE 500
CORAL SPRINGS FL 33065

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LAWSON, RALPH**
CITY-ST-ZIP **5050 LEITNER DRIVE W.
CORAL SPRINGS FL 33067**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **HECHT, LOU**
CITY-ST-ZIP **9678 N. SPRINGWAY
CORAL SPRINGS FL 33076**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BIERMAN, CARL**
CITY-ST-ZIP **10966 N.W. 14 ST.
CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ERNEST-JONES, RHON**
CITY-ST-ZIP **10855 NW 6TH ST
CORAL SPRINGS FL 33071**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WINSLOW, KELLY**
CITY-ST-ZIP **5451 PINESTREET RD
CORAL SPRINGS FL 33067**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **PATON, DOUGLAS**
CITY-ST-ZIP **10917 NW 14TH STREET
CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

4/2/00

954-973-5284

CR2E037 (9/99)