

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90527 005 ****61.25

DOCUMENT # N38358

1. Entity Name

CORAL SPRINGS SOCCER COMMISSION, INC.

Principal Place of Business

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

Mailing Address

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

720696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0201981

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

7. Name and Address of New Registered Agent

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

Name

ROBERT S. VANDERBEEK CPA

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

9913 S.W. 1ST CT

City

CORAL SPRINGS

FL

Zip Code

33071

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

ROBERT S. VANDERBEEK

2/06/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	HECHT, LOU	9678 N. SPRINGS WAY	POMPANO BEACH FL 33076				
D	BIERMAN, CARL	10966 N.W. 14 ST.	CORAL SPRINGS FL 33071				
D	ERNEST-JONES, RHON	10855 NW 6TH ST	CORAL SPRINGS FL 33071				
D	DOUGLAS, PATON	10917 NW 147TH STREET	POMPANO BEACH FL 33071				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL
BIERMAN
D.P.R.2/18/01 954
973 5284

Date

Daytime Phone #

CR2E037 (10/00)