

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90017 012 ****61.25

DOCUMENT # N38358

1. Entity Name

CORAL SPRINGS SOCCER COMMISSION, INC.

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
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

**VANDERBECK, ROBERT S CPA
9913 SW 1ST CT
CORAL SPRINGS FL 33071**

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 **D** ☒ Delete
NAME **HECHT, LOU**
STREET ADDRESS **9678 N. SPRINGS WAY**
CITY-ST-ZIP **POMPAÑO BEACH FL 33076**

TITLE **Director** ☐ Change ☒ Addition
NAME **Barry Wax**
STREET ADDRESS **9099 NW 52 CT**
CITY-ST-ZIP **Coral Springs FL 33067**

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

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

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

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

TITLE **D** ☐ Delete
NAME **DOUGLAS, PATON**
STREET ADDRESS **10917 NW 147TH STREET**
CITY-ST-ZIP **POMPAÑO BEACH FL 33071**

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

TITLE **D** ☐ Delete
NAME **Barry Wax**
STREET ADDRESS **9099 NW 52 CT**
CITY-ST-ZIP **Coral Springs**

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: **X [Signature]**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/31/02

954-973

5284

CR2E037 (9/01)