2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # **N38358** 04-28-2003 90287 012 ****61.25 CORAL SPRINGS SOCCER COMMISSION, INC. Principal Place of Business Mailing Address 10000 NW 29TH ST P O BOX 8014 11019185 P.O. BOX 8014 P.O. BOX 8014 CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33075** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0201981 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 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. ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ROBERT D. MILLER TREASURED Change Delete TITLE TITLE BIERMAN, CARL NAME NAME CURAL SPRINTS FLA 33065 10966 N.W. 14 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-ZIP TITLE Delete TITLE ERNEST-JONES, RHON NAME NAME 10855 NW-6TH ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition DOUGLAS, PATON NAME NAME 10917 NW 147TH STREET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WAX, BARRY NAME NAME 9099 NW 52ND COURT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY-ST-ZIP Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

914-175-1355