


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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90153 050 ****61.25

DOCUMENT # N40483

1. Entity Name
COCONUT CREEK SOCCER CLUB, INC.



Principal Place of Business
**5005 NW 39TH AVENUE
COCONUT CREEK FL 33073-5039**

Mailing Address
**3042 BAYBERRY WAY
MARGATE FL 33063**


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4284 NW 56 Drive
Suite, Apt. #, etc.

City & State
Coconut Creek FL

Zip
33073

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2831466** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HENRICKSON, MICHAEL R
3042 BAYBERRY WAY
MARGATE FL 33063**

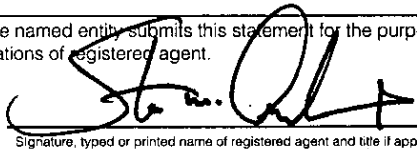
7. Name and Address of New Registered Agent

Name **STEVEN ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)
4284 NW 56 Drive

City **Coconut Creek** FL Zip Code **33073**

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  **STEVEN M. ANDERSON, President** DATE **3-28-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, STEVEN 5005 NW 39TH AVENUE COCONUT CREEK FL 33073-5039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENRICKSON, MICHAEL 5005 NW 39TH AVENUE COCONUT CREEK FL 33073-5039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAPLAN, LEE 5005 NW 39TH AVENUE COCONUT CREEK FL 33073-5039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLF, SHERI 5005 NW 39TH AVENUE COCONUT CREEK FL 33073-5039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAIRD, GLEN 5005 NW 39TH AVENUE COCONUT CREEK FL 33073-5039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGOSTINO, VINCENT JR 5005 NW 39TH AVENUE COCONUT CREEK FL 33073-5039	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **STEVEN M. ANDERSON** DATE **3-28-03** **954 242 6180**

CR2E037 (10/02)