

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90031 025 ****61.25

DOCUMENT # N49784

1. Entity Name

SOUTH FLORIDA UNITED YOUTH SOCCER ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**10948 NW 21 PLACE
 CORAL SPRINGS FL 33071
 US**

**1440 CORAL RIDGE DRIVE #361
 CORAL SPRINGS FL 33071**

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

65-0343781

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

**FIELDS, ROBERT C
 1440 CORAL RIDGE DRIVE #361
 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
**P/D
 FIELDS, ROBERT C
 10948 NW 21 DRIVE
 CORAL SPRINGS FL 33071**
**V/D
 WALLACE, DELROY
 5124 NW 66 LANE
 CORAL SPRINGS FL 33067**
**V/D
 KURZNER, JEFFREY
 545 SAN ESTABAN AVENUE
 MIAMI FL 33146**
**S/D
 REYES, JACE
 974 NW 155 TERRACE
 PEMBROKE PINES FL 33028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ 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:

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

2/15/02

954-461-7117
 Daytime Phone #

CR2E037 (9/01)

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