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

DOCUMENT # **N49784**

1. Entity Name

SOUTH FLORIDA UNITED YOUTH SOCCER ASSOCIATION, INC.



FILED
SECRETARY OF STATE
09-15-2003 90154 009 ****61.25

03 SEP 22 PM 12:55

Principal Place of Business

10948 NW 21 PLACE
CORAL SPRINGS FL 33071
US

Mailing Address

1440 CORAL RIDGE DRIVE #361
CORAL SPRINGS FL 33071

2. Principal Place of Business

13211 SW 32nd

Suite, Apt. #, etc.

City, State

DAVIE FL

Zip

33330

Country

FL

3. Mailing Address

R Mr. Gene A Rogers
13211 SW 32nd Ct
Davie FL 33330

CHECK HERE IF MAKING CHANGES

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

FIELDS, ROBERT C
1440 CORAL RIDGE DRIVE #361
CORAL SPRINGS FL 33071

Name

Street Address (P.O.)

City

DAVIE

Mr. Gene A Rogers
13211 SW 32nd Ct
Davie FL 33330

FL

Zip Code

33330

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
P/D	FIELDS, ROBERT C	10948 NW 21 DRIVE	CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/>
V/D	WALLACE, DELROY	5124 NW 68 LANE	CORAL SPRINGS FL 33067	<input type="checkbox"/>
V/D	KURZNER, JEFFREY	545 SAN ESTABAN AVENUE	MIAMI FL 33148	<input type="checkbox"/>
S/D	REYES, JACE	974 NW 155 TERRACE	PEMBROKE PINES FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
R	Mr. Gene A Rogers	13211 SW 32nd Ct	Davie FL 33330	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

9/9/03

951-476-0221