

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003641

1. Entity Name

NORTHEAST REBELS FOOTBALL CLUB, INC.

Principal Place of Business

4891 NE 2ND AVE  
FT LAUDERDALE FL 33334  
US

Mailing Address

4891 NE 2ND AVE  
FT LAUDERDALE FL 33334  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GASPERIC, DEBORAH  
4891 NE 2ND AVE  
FORT LAUDERDALE FL 33334

4. FEI Number

65-0479441

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	GASPERIC, DEBORAH	
STREET ADDRESS	4891 NE 2ND AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	FVPD	<input type="checkbox"/> Delete
NAME	FRANK, GUY	
STREET ADDRESS	5456 NE 2ND AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	STOKES, BARBARA	
STREET ADDRESS	4201 NE 1ST AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCOY, AVIS	
STREET ADDRESS	5700 NE 19 TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TVPD	<input type="checkbox"/> Delete
NAME	GROVER, TONY	
STREET ADDRESS	1061 NE 23 TERR APT 5	
CITY-ST-ZIP	FT LAUDERDALE FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUY, STACEY	
STREET ADDRESS	5456 NE 2ND AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	

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

Deborah K. Gasperic

5/1/01

FILED  
May 29, 2001 8:00 am  
Secretary of State

05-29-2001 90012 033 \*\*\*\*70.00

11100



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)