

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90383 019 \*\*\*\*70.00

**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

1020 SE 9th Ave  
 Suite, Apt. #, etc.  
 Pompano Bch FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479441

Applied For

Not Applicable

Zip

Country

Zip

Country

33060

US

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

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

Name  
 TONY GROVER

Street Address (P.O. Box Number is Not Acceptable)

1061 NE 23 Terrace Apt 5

City

FORT LAUDERDALE, FL

FL

Zip Code

33062

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

*Tony Grover*

6.8.02

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

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	Norma Perez 30 NE 57 Street FT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TONY GROVER 1061 NE 23 Terr Apt 5 FT LAUDERDALE FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carol Mitchell 1020 SE 9th Ave. Pompano Bch FL 33060	<input checked="" type="checkbox"/> Change <input checked="" 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:

*Carol Mitchell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

Daytime Phone #

CR2E037 (9/01)

NORTHEAST REBELS FOOTBALL CLUB.

Attachment  
Document #

N93000003641  
117981

1020 SE 9th Ave.  
Pompano Beach, FL 33060  
Phone (954) 941-1429  
Cell (954) 605-7122

June 10, 2002

To whom it may concern;

Following my conversation this morning with personnel from your office, I was informed to forward this letter describing my situation.

I had recently received this form, which required many changes due to officers who had left our organization, leaving me know as the new Treasurer for this youth football league. I am looking forwarded to being a part of this and will make all efforts to not oversee any important documents.

I am requesting liency from your board. I appreciate your time in this issue and hope it will be resolved without penalization. This was my first year here, and will pay in a timely manor in the future. Please contact me if you have any questions.

I am enclosing a new check for \$70.00 and again appreciate your time.

Sincerely,

*Carol A Mitchell*

Carol A. Mitchell