

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90070 019 \*\*\*\*61.25

**DOCUMENT # N95000001956**

1. Entity Name

**CORAL SPRINGS RENEGADES SOCCER CLUB, INC.**

Principal Place of Business

Mailing Address

10350 NW 42ND DRIVE  
CORAL SPRINGS FL 3306510350 NW 42ND DRIVE  
CORAL SPRINGS FL 33065

18155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

65-0624541

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PURCELL, BILL  
10350 NW 42ND DR  
CORAL SPRINGS FL 33065

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Delete  
 NAME PURCELL, WILLIAM D  
 STREET ADDRESS 10350 NW 42ND DR.  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DP ☐ Delete  
 NAME WAX, BARRY D  
 STREET ADDRESS 9099 NW 52ND COURT  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT ☐ Delete  
 NAME SOVET, GUY D  
 STREET ADDRESS 6012 N.W. 78TH TERRACE  
 CITY-ST-ZIP TAMARAC FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DS ☐ Delete  
 NAME ANDRADE, BOBBY D  
 STREET ADDRESS 1553 NW 102 DR.  
 CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE BOYS DIRECTOR ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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: *William Purcell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01 954-752-4771

Date

Daytime Phone #

CR2E037 (9/01)