

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004878

1. Entity Name

PARKLAND SOCCER CLUB, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90002 034 ****61.25

Principal Place of Business

6336 N.W. 63RD WAY
PARKLAND FL 33067

Mailing Address

6336 N.W. 63RD WAY
PARKLAND FL 33067-1518

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

65-0358094

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

GADO, PETER M
6336 N.W. 63RD WAY
PARKLAND FL 33067

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 ☐ Delete
NAME GADO, LINDA
STREET ADDRESS 6336 N.W. 63RD WAY
CITY-ST-ZIP PARKLAND FL 33067

TITLE VD ☒ Delete
NAME DORO, MICHAEL
STREET ADDRESS 7411 BRIGANTINE LANE
CITY-ST-ZIP PARKLAND FL 33067

TITLE SD ☐ Delete
NAME HEAD, LINDA
STREET ADDRESS 8180 N.W. 51ST PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33063

TITLE TD ☐ Delete
NAME GADO, PETER M
STREET ADDRESS 6336 N.W. 63RD WAY
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE V.P. ☐ Change ☒ Addition
NAME MIKE STERN
STREET ADDRESS 6040 NW 60 ME, PK, FL 33067
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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, 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)