

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90465 046 ****61.25

DOCUMENT # **N96000004374**

1. Entity Name

SPORTSPLEX AT CORAL SPRINGS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3099 EAST COMMERCIAL BLVD.
 SUITE 200
 FT. LAUDERDALE FL 33308**

**3099 EAST COMMERCIAL BLVD.
 SUITE 200
 FT. LAUDERDALE FL 33308**

004001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0574866

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

**GOREN, SAMUEL S
 3099 E. COMMERCIAL BLVD.
 SUITE 200
 FT. LAUDERDALE FL 33308**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AMBACH, MICHAEL M 2600 SPORTSPLEX DRIVE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPOL, JEFF 3299 SPORTSPLEX DRIVE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARIANNE 2575 SPORTSPLEX DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MESSENHEIMER, THOMAS 2575 SPORTSPLEX DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS MESSENHEIMER

Date

Daytime Phone #

3/18/02 954-344-1841

CR2E037 (9/01)

1/20/02

Attachment

GOREN, CHEROF, DOODY & EZROL, P.A.

832537

196000004374

ATTORNEYS AT LAW

SUITE 200

3099 EAST COMMERCIAL BOULEVARD

FORT LAUDERDALE, FLORIDA 33308

SAMUEL S. GOREN
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MICHAEL D. CIRULLO, JR.

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JULIE F. KLAHR
LINDSEY A. PAYNE
NANCY R. KRAMER
DAVID N. TOLCES

STEVEN L. JOSIAS, OF COUNSEL

April 10, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: City of Coral Springs ("City")/Sportsplex at Coral Springs Association, Inc.

To Whom It May Concern:

The attached 2002 Uniform Business Report is being submitted to the Florida Department of State on behalf of the Sportsplex at Coral Springs Association, Inc. ("Sportsplex"). Please be advised that there is a new Federal Employer Identification Number ("FEIN") for the Sportsplex. The FEIN currently in your system is for the City of Coral Springs. The FEIN was provided in error to your office. Therefore, the report indicates the new Sportsplex FEIN.

If you have any questions or concerns, please do not hesitate to call. Your cooperation is appreciated.

Sincerely,



David N. Tolces
Assistant City Attorney

cc: Mike Levinson, City Manager
Dave Russek, Director of Financial Services
Samuel S. Goren, City Attorney
Thomas Messenheimer, Executive Director of Sportsplex
Marianne Williams, Executive Assistant

DNT:mtm

Attachment

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