

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000119

1. Entity Name

PALM BEACH INTERNATIONAL SOCCER CLUB, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90007 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1365 CHURCHILL RD  
WEST PALM BEACH FL 33406

1365 CHURCHILL RD  
WEST PALM BEACH FL 33406-3205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0726079

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

SHAVERDI, SHERRY J  
1365 CHURCHILL RD  
WEST PALM BEACH FL 33406

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 D ☐ Delete  
NAME SAEID, SHAVERDI  
STREET ADDRESS 1365 CHURCHILL RD  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE Director ☐ Change ☒ Addition  
NAME Porfirio (Tony) Cevallos  
STREET ADDRESS 13033 Northshire Trail, #21  
CITY-ST-ZIP Wellington, FL 33414

TITLE D ☐ Delete  
NAME SHAVERDI, SHERRY J  
STREET ADDRESS 1365 CHURCHILL RD  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE Director ☐ Change ☒ Addition  
NAME Ann Caron  
STREET ADDRESS 5554 S. Rue Road  
CITY-ST-ZIP West Palm BEach, FL 33415

TITLE D ☐ Delete  
NAME RONGIONE, WILLIAM  
STREET ADDRESS 12615 WHITECORAL DR  
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE D ☒ Delete  
NAME PEACOCK, ART  
STREET ADDRESS 3901 CYPRESS LAKE DR  
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE D ☐ Delete  
NAME WALKER, JOHN  
STREET ADDRESS 2681 STARWOOD COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☒ Delete  
NAME HEATH, DEVON  
STREET ADDRESS 5638 BANANA RD  
CITY-ST-ZIP WEST PALM BEACH FL 33413

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:

*Sherry J. Shaverdi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY J. SHAVERDI

Date

3/2/00 561-681-6500

Daytime Phone #

CR2E037 (9/99)