## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 18, 2001 8:00 am Secretary of State DOCUMENT # N9700001332 1. Entity Name 05-18-2001 91279 001 \*\*\*\*61.25 COCONUT CREEK FOOTBALL PROGRAM CORPORATION 05-18-2001 91279 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 6167 NAVAJO TERRACE 6167 NAVAJO TERRACE 72618 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2037110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RANDAZZO, KIMBERLY 6167 NAVAJO TERR MARGATE FL 33063 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition ☐ Change SINEL, ROSS NAME NAME STREET ADDRESS 6574 N. STATE RD. 7 STE 294 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P COCONUT. CREEK FL 33073 D Change TITLE ☐ Delete TITLE Addition NAME adkins, jenna NAME STREET ADDRESS 22553 SW 66 AVE #401 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33428** TITLE ☐ Delete Addition NAME SINEL. DAWN NAME STREET ADDRESS 6574 N. ST. ROAD 7 #294 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP TITLE ☐ Delete Addition NAME RANDAZZO, KIMBERLEY NAME STREET ADDRESS 6167 NAVAJO TERRACE STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME 70 Huntsman Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.