

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006289

1. Entity Name

COMMUNITY SPORTS FOUNDATION, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90048 032 ****61.25

Principal Place of Business

2665 WEST EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

2665 WEST EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0792954

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

JAMES, KEITH A
1655 PALM BEACH LAKES BOULEVARD
SUITE 810 TOWER C
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Kris O. Savignac

Street Address (P.O. Box Number is Not Acceptable)

2665 W. Edgewater Dr.

City

Palm Beach Gardens FL

Zip Code

33410

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/9/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE ☐ Delete
NAME D SAVIGNAC, KRIS O
STREET ADDRESS 2665 WEST EDGEWATER DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME D SPILLANE, MICHAEL
STREET ADDRESS 4666 WADITA-KA WAY
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME D PHENEGER, GREG
STREET ADDRESS 607 CYPRESS ROAD
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete
NAME D DAVIS, MARK
STREET ADDRESS 15604 84TH AVE N
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00 561-379-8484
Date Daytime Phone #

CR2E037 (5/00)