

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006289

1. Entity Name

COMMUNITY SPORTS FOUNDATION, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90055 011 ****61.25

00049941



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

4. FEI Number

65-0792954

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

SAVIGNAC, KRIS O
2665 W EDGEWATER DR
PALM BEACH GARDENS FL 33410

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SAVIGNAC, KRIS O	2665 WEST EDGEWATER DRIVE	PALM BEACH GARDENS FL 33410				
D	SPILLANE, MICHAEL	4666 WADITA-KA WAY	WEST PALM BEACH FL 33417				
D	PHENEGER, GREG	607 CYPRESS ROAD	VERO BEACH FL 32963				
D	DAVIS, MARK	15604 84TH AVE N	PALM BEACH GARDENS FL 33418				

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 of KRIS O SAVIGNAC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

561-379-8484

Date

Daytime Phone #

CR2E037 (10/00)