

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004298

1. Entity Name

WESTON SPORTS ALLIANCE, INC.

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90129 002 \*\*\*\*61.25

Principal Place of Business

16900 SW 5TH ST  
WESTON FL 33326

Mailing Address

16900 SW 5TH ST  
WESTON FL 33326

2. Principal Place of Business

16900 SW 5TH ST  
Suite, Apt. #, etc.  
Weston FL

3. Mailing Address

16900 SW 5TH ST.  
Suite, Apt. #, etc.

City & State

City & State

Weston FL

4. FEI Number

65-0852166

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDRESEN, SCOTT  
16900 SW 5TH ST  
WESTON FL 33326

7. Name and Address of New Registered Agent

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

4/12/02

**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

TITLE PD  
NAME ANDRESEN, SCOTT  
STREET ADDRESS 16900 SW 5TH ST  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE VD  
NAME DRUCKER, CRAIG  
STREET ADDRESS 1304 SW 160TH AVENUE #112  
CITY-ST-ZIP SUNRISE FL 33326 ☐ Delete

TITLE VD  
NAME FERRI, GERARD  
STREET ADDRESS 1026 CREEKFORD DRIVE  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Scott Andersen President 3-5-02  
Date Daytime Phone #

CR2E037 (9/01)