

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005642

1. Entity Name

COCOA EXPO SOCCER CLUB, INC.

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

02-13-2000 90022 021 ****61.25

Principal Place of Business Mailing Address

% MYRNA FOSTER % MYRNA FOSTER
500 FRIDAY ROAD 500 FRIDAY ROAD
COCOA FL 32926 COCOA FL 32926-3332

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, MYRNA
500 FRIDAY ROAD
COCOA FL 32926

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

FILE NOW:
FEES 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	<input type="checkbox"/> Delete
NAME	MALONE, GILES	
STREET ADDRESS	2315 SYKES CREEK DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	STD.	<input type="checkbox"/> Delete
NAME	FOSTER, MYRNA	
STREET ADDRESS	3104 WINCHESTER DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOZORG, HOMER	
STREET ADDRESS	% 500 FRIDAY ROAD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPE, RICHARD	
STREET ADDRESS	13022 PRAIRIE MEADOWS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, JAMES	
STREET ADDRESS	1001 N. FERNCREEK AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

639-3976

CR2F037 (9/99)