

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006785

1. Entity Name

TRINIDAD AND TOBAGO SOCCER ASSOCIATION OF FLORID

FILED
Aug 02, 2000 8:00 am
Secretary of State

07-11-2000 90172 024 ****69.00

Principal Place of Business

1803 VENICE PARK DR.
MIAMI FL 33181

Mailing Address

1803 VENICE PARK DR.
MIAMI FL 33181-1909

2. Principal Place of Business

1803 Venice Park Dr.
Suite, Apt. #, etc.

3. Mailing Address

1803 Venice Park Dr.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0969011

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWNE, BRIAN
1803 VENICE PARK DR.
MIAMI FL 33181

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:
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	PRESIDENT	☐ Delete
NAME	BRIAN BROWNE	
STREET ADDRESS	1803 VENICE PARK DR.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SECRETARY	☐ Delete
NAME	BRIAN BROWNE	
STREET ADDRESS	1803 VENICE PARK DR.	
CITY-ST-ZIP	MIAMI FL 33181	
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	PRESIDENT	☐ Change ☒ Addition
NAME	BRIAN BROWNE	
STREET ADDRESS	1803 VENICE PARK DR.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	BEENDA JENNINGS	
STREET ADDRESS	1803 VENICE PARK DR.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	PAT CAMPBELL	
STREET ADDRESS	1301 NW 13TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	LONSTON SAMUELS	
STREET ADDRESS	520 N.W. 15TH ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000 305
377-5022
Date Daytime Phone

CR2E037 (9/99)