

2000 UNIFORM BUSINESS REPORT (UBR)

8/21/00-90215-015-\$70.00-\$70.00

DOCUMENT # N99000007583

1. Entity Name

BRUSA FUTEBOL CLUB, INC.

FILED

00 SEP 26 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

87 BAYBRIDGE PARK
GULF BREEZE FL 32561

87 BAYBRIDGE PARK
GULF BREEZE FL 32561

2. Principal Place of Business

4459 HIGHWAY 90

3. Mailing Address

P.O. BOX 12307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PACE, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3338124

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32581

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TOWNSEND, KIM
3900 BILBRAY STREET
PACE FL 32571

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JOSE THADEAU GONCALVES	
STREET ADDRESS	1161 CRANE COVE BLVD.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIM TOWNSEND	
STREET ADDRESS	3900 BILBRAY STREET	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEITH HERTELL	
STREET ADDRESS	241 EAST DUDLEY AVENUE	
CITY-ST-ZIP	WESTFIELD, NJ 07090	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TURNER DEAN	
STREET ADDRESS	3430 OLEANDER	
CITY-ST-ZIP	GULF STREAM, FL 33483	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	CHARLES A. EMLING, IV	
STREET ADDRESS	605 CHESAPEAKE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Delete
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)