

5/16

FILED

Jun 19, 2001 8:00 am  
Secretary of State

05-16-2001 90198 033 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007583

1. Entity Name

BRUSA FUTEBOL CLUB, INC.

Principal Place of Business

Mailing Address

~~4439 HIGHWAY 90  
PACE FL 32571~~P.O. BOX 12307  
PENSACOLA FL 325813032 A, REDWOOD LN US  
GULF BREEZE, FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3338124

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

~~TOWNSEND, KIM  
3900 BILBRAY STREET  
PACE FL 32571~~JOSE T. GONCALVES  
P.O. Box 12307  
PENSACOLA, FL 32581

Name JOSE T. GONCALVES

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

3032 A REDWOOD LN

City GULF BREEZE

FL

Zip Code

32561

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

PRESIDENT

4-30-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake 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
PD	GONCALVES, JOSE T	1181 CRANE COVE BLVD.	GULF BREEZE FL 32561				
VPD	TOWNSEND, KIM	3900 BILBRAY STREET	PACE FL 32571				
VP	HERTELL, KEITH	241 EAST DUDLEY AVENUE	WESTFIELD NJ 07090				
VP	DEAN, TURNER	3430 OLEANDER	GULF STREAM FL 33483				
STD	EMLING, CHARLES A IV	605 CHESAPEAKE DRIVE	GULF BREEZE FL 32561				

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

4-30-01

850-916-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)