

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007583

1. Entity Name

BRUSA FUTEBOL CLUB, INC.

Principal Place of Business

3032 A REDWOOD LANE  
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 12307  
PENSACOLA FL 32581  
US

2. Principal Place of Business

7041 Grand National Dr #234

3. Mailing Address

P.O. Box 691732

Suite, Apt. #, etc.

ORLANDO, FL

Suite, Apt. #, etc.

ORLANDO, FL

City & State

City & State

Zip

32819

Country

USA

Zip

32869

Country

USA

6. Name and Address of Current Registered Agent

GONCALVES, JOSE T.  
3032 A REDWOOD LANE  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name Jose Thaden Goncalves

Street Address (P.O. Box Number is Not Acceptable)  
7041 Grand National Dr #234

City ORLANDO

FL

Zip Code

32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09/09/02

After September 13, 2002,  
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

TITLE PD  
NAME GONCALVES, JOSE T  
STREET ADDRESS 1161 CRANE COVE BLVD.  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE VPD  
NAME TOWNSEND, KIM  
STREET ADDRESS 3900 BILBRAY STREET  
CITY-ST-ZIP PACE FL 32571 ☒ Delete

TITLE VP  
NAME HERTELL, KEITH "D"  
STREET ADDRESS 241 EAST DUDLEY AVENUE  
CITY-ST-ZIP WESTFIELD NJ 07090 ☐ Delete

TITLE VP  
NAME DEAN, TURNER "D"  
STREET ADDRESS 3430 OLEANDER  
CITY-ST-ZIP GULF STREAM FL 33483 ☐ Delete

TITLE STD  
NAME EMLING, CHARLES A IV "D"  
STREET ADDRESS 605 CHESDAPEAKE DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Jose Thaden Goncalves "T"  
STREET ADDRESS 7041 Grand National Dr #234  
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Change ☐ Addition

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

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

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

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 REQUIRED

09/09/02

(407) 352-5988

FILED  
Sep 12, 2002 8:00 am  
Secretary of State

05-13-2002 90132 029 \*\*\*\*70.00

99172



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3338124 ☐ Applied For  
☐ Not Applicable

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

CR2E037 (4/02)