

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075975

1. Entity Name

BRUSA INTERNATIONAL SOCCER INSTITUTE, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90225 010 ***150.00

Principal Place of Business

Mailing Address

1110 N PALAFOX
PENSACOLA FL 32501
US

PO BOX 12307
PENSACOLA FL 32581-2307
US

2. Principal Place of Business

3. Mailing Address

4459 HIGWAY 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State
PACE FL

City & State

4. FEI Number 59-3338124

Applied For

Not Applicable

Zip 32571

Country US

Zip

Country

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

GONCALVES, JOSE T
1110 N. PALAFOX ST
PENSACOLA FL 32501

Name

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

1161 CRANE COVE BLVD

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D
NAME DELIMA, MIGUEL
STREET ADDRESS 6000 THISTLEDOWN DR
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

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

TITLE STD
NAME EMLING, CHARLES A III
STREET ADDRESS 605 CHESAPEAKE DR
CITY-ST-ZIP GULF BREEZE FL ☐ Delete

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

TITLE D
NAME GROSSMAN, SIDNEY JR
STREET ADDRESS 5 NORTH MARKET ST
CITY-ST-ZIP ST LOUIS MO ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

1-27-00

Date

850-955-0200

Daytime Phone #

CR2E034 (9/99)