

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90444 012 ****61.25

DOCUMENT # 726551

1. Entity Name

PASCO POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

**8700 CITIZENS DR
 NEW PORT RICHEY FL 34654**

Mailing Address

**8700 CITIZENS DR
 NEW PORT RICHEY FL 34654**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1859886**

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

**WHITE, R.L. BOB
 8700 CITIZEN DRIVE
 NEW PORT RICHEY FL 34654**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **KLEIN, JAMES**
 STREET ADDRESS **7761 COACHWOOD DR**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **TD** ☒ Change ☐ Addition
 NAME **KLEIN, JAMES**
 STREET ADDRESS **8910 CESSNA DR**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **PD** ☐ Delete
 NAME **MOUNTS, TED**
 STREET ADDRESS **8200 TANGLEWOOD DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **VPD** ☒ Delete
 NAME **TIRELL, KYLE**
 STREET ADDRESS **6524 LENOIR DR.**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **DARNALL, MILES**
 STREET ADDRESS **12621 ABBEY DR**
 CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **VPD** ☐ Delete
 NAME **RYAN, BOB**
 STREET ADDRESS **3710 SIMPSON CT**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE **SD** ☐ Delete
 NAME **TIRRELL, EMILY**
 STREET ADDRESS **11850 BETHWOOD AVE.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **SD** ☒ Change ☐ Addition
 NAME **TIRRELL, EMILY**
 STREET ADDRESS **102 DAROCA AVE**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **ED** ☐ Delete
 NAME **WHITE, R.L. BOB**
 STREET ADDRESS **8700 CITIZENS DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

3/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)