

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90529 033 ****70.00

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1. Entity Name

SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business

**SEMINOLE COUNTY SHERIFF OFFICE
SANFORD FL 32773
US**

Mailing Address

**100 BUSH BV
SANFORD FL 32773
US**

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 **59-3196445**

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

**ZEH, JOHN W
100 BUSH BV
SANFORD FL 32773**

Name

DWAYNE JOHNSON

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

100 BUSH BLVD

City

SANFORD

FL

Zip Code

32773

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

Dwayne Johnson

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

(NOTE: Registered Agent signature required when reinstating)

01/08/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DM** ☒ Delete
NAME **REHDER, MARK**
STREET ADDRESS **100 BUSH BV**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DP** ☒ Delete
NAME **MEDLEY, DAVID**
STREET ADDRESS **400 AIRPORT BV**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DTS** ☒ Delete
NAME **BROTHERS, CAROLE A**
STREET ADDRESS **100 BUSH BV**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DV** ☒ Delete
NAME **MCNEIL, WILLIAM**
STREET ADDRESS **4195 S. HIGHWAY 17-92**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M/D** ☒ Change ☐ Addition
NAME **DWAYNE A. JOHNSON**
STREET ADDRESS **100 BUSH BLVD.**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DP** ☒ Change ☐ Addition
NAME **RECK KEEL**
STREET ADDRESS **1808 HOWELL BRANCH RD #1**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **DV** ☒ Change ☐ Addition
NAME **SCOTT McLOSKEY**
STREET ADDRESS **101 SOUTHWALL LANE SUITE 400**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **DV** ☒ Change ☐ Addition
NAME **SKIP WEST**
STREET ADDRESS **900 CENTRAL PARK DR.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **DV** ☒ Change ☐ Addition
NAME **BARRY SMITH**
STREET ADDRESS **100 BUSH BLVD.**
CITY-ST-ZIP **SANFORD, FL 32773**

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:

DWAYNE JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

01/08/03 407-328-3762

CR2E037 (10/02)