

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004711

1. Entity Name

POLICE ATHLETIC LEAGUE OF LAKE LAND, INC.

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90230 041 ****61.25

919010



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

219 NORTH MASSACHUSETTS AVENUE
LAKE LAND FL 33801
US

PO BOX 1095
LAKE LAND FL 33802-1095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3213375

Applied For

Not Applicable

Zip

Country

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

BRYWELL, JEFF
219 NORTH MASSACHUSETTS AVENUE
LAKE LAND POLICE DEPT
LAKE LAND FL 33801

Name

Al Wilson

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

219 North Massachusetts Ave.

City

Lake land

FL

Zip Code

33802

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]

1/9/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SAM 219 NORTH MASSACHUSETTS AVENUE LAKE LAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, CARLTON 228 S MASSACHUSETTE AVE LAKE LAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BIRDWELL, JEFF 219 MASS AVE FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMOND, TIM 6439 CALUSA DR LAKE LAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Al Wilson 219 N. Massachusetts Ave. Lake land, FL 33802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Hermindo Cuervo (Resident) 3842 S. Florida Ave. Lake land, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member Archie Smith 4977 U.S. Hwy 98 N. Lake land, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member John Glatfelter 2017 Hallmark Ct. Lake land, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)