

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90478 036 ****61.25

0063757

DOCUMENT # N96000004198

1. Entity Name

PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

**121 SW POST ST LUCIE BLVD
 PORT ST LUCIE FL 34984
 US**

Mailing Address

**121 SW POST ST LUCIE BLVD
 PORT ST LUCIE FL 34984
 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

NOT APPLICABLE

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

**KREIGER, JACK
 1514 SE PORT ST. LUCIE BLVD.
 PORT SAINT LUCIE FL 34952**

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 **PD** ☐ Delete
 NAME **JUNGJOHAN, STEVE**
 STREET ADDRESS **121 SW PORT ST LUCIE BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

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

TITLE **VP** ☒ Delete
 NAME **CHRISTENSEN, PATRICIA**
 STREET ADDRESS **121 SW PORT ST LUCIE BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MAYES, SUE**
 STREET ADDRESS **121 SW PORT ST. LUCIE BLVD.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL -34984**

TITLE **SD** ☐ Delete
 NAME **VANDENHEUVEL, AMY**
 STREET ADDRESS **121 SW PORT ST LUCIE BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

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

TITLE **TD** ☐ Delete
 NAME **KELLEHER, ED**
 STREET ADDRESS **121 SW PORT ST LUCIE BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

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

TITLE **ED** ☐ Delete
 NAME **REILLY, TIM**
 STREET ADDRESS **121 SW POST ST LUCIE BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34984**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

3/7/01

561 871-7312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)