2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600004198 1. Entity Name PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC. Principal Place of Business Mailing Address 121 SW POST ST LUCIE BLVD 121 SW POST ST LUCIE BLVD

Apr 17, 2002 8:00 am Secretary of State

04-17-2002 90178 046 ****61.25

US	UIE FL 34964	US US	RT ST LUCIE FL 34984									
2. Principal Place of Business 3. Ma			3. Mailing Address	ailing Address								
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	ate	City & State	ty & State			4. FEI Number NOT APPLICABLE Applied For Not Applied For						
Zip Country Zip			Zip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and		7. Name and Address of New Registered Agent							-		
	 				∴Name:							<u> </u>
KREIGER, JACK 1514 SE PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34952					Street Address (P.O. Box Number is Not Acceptable)							
PURI SA	INT LUCIE FL 3		City					FL	Zip Cod	de	-	
3. The above	e named entity sub	omits this statement for	the purpose of changing	its registere	d office or	registered	agent, or both,	, in the state of FI	orida.	. .		-
SIGNATURE		nted name of registered agent a	mad atala - 11 12 12 13									1
	org. edulo, typos or prii	neo name or registered agent a	are the ri applicable.	NOTE: Registered	Agent signatur	e required whe	n reinstating)		DATE			
: (1)	FILE NOW: F		9. Election Campaign Financing Trust Fund Contribution.			5.00 May Be ded to Fees		ake Checl Departme				
10.		OFFICERS AND DIR	ECTORS	11.		ADD	UTIONS/CHAN	I NGES TO OFFICE	RS AND DIE	SECTORS IN	110	4
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AME	REILLY, TIM	OT LUCIE BLUD		NAME								
TREET ADDRESS ITY-ST-ZIP	PORT ST LUCI	ST LUCIE BLVD		STREET CITY-S	ADDRESS							
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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 AND TYPED OF PRINTED NALE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Daylime Phone #