2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90178 046 ****61.25

DOCUMENT # N96000004198

1. Entity Name

PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
121 SW POST ST LUCIE BLVD PORT ST LUCIE FL 34984 US	121 SW POST ST LUCIE BLVD PORT ST LUCIE FL 34984 US

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUNGJOHAN, STEVE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete	PD HAYES, SUE 121 SW. PORT ST. LUCIE BLVD, PORT ST. LUCIE, FL 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYES, SUE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete	VACANT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VANDENHEUVEL, AMY 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete	SD CRESWELL, JUDY 121 SW. PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLEHER, ED 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete	TD GIESEY, DANIEL 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED REILLY, TIM 121 SW POST ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: TIMOTHY REILLY SIGNATURE REQUIRED EXECUTIVE DIRECTOR 4/9/02 772 398-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #