

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90209 029 ****61.25

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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**
650432702

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, SUE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRESWELL, JUDY 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIESEY, DANIEL 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED REILLY, TIM 121 SW POST ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bradley, Sandy 1002 SE Lansdowne Avenue Port St. Lucie, FL 34983	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lietaerd, John 515 NE Solida Circle Port St. Lucie, FL 34983	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS 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: Timothy Reilly **Director** 3-31-03 (772) 398-9436

CR2E037 (10/02)