

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90015 033 ****61.25

DOCUMENT # 711151
 1. Entity Name
NAPLES POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business Mailing Address
 POLICE DEPARTMENT POLICE DEPARTMENT
 355 GOODLETTE RD. N 355 GOODLETTE RD. N
 NAPLES FLA 34102 NAPLES FLA 34102
 US US

2. Principal Place of Business 3. Mailing Address
Police Department **Police Department**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
355 13th St. N **355 13th St. N**

City & State City & State
NAPLES, FLA **Naples, FLA**

Zip Country Zip Country
34102 **U.S.** **34102** **U.S.**

4. FEI Number Applied For
65-0263695 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RAMBOSK, KEVIN
355 GOODLETTE RD N
NAPLES FL 34102

7. Name and Address of New Registered Agent
 Name **Steven C. Moore**
 Street Address (P.O. Box Number is Not Acceptable)
355 13th St. N
 City **Naples** **FL** Zip Code **34102**

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 *Steven C. Moore* DATE **07-07-00**
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
After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWKOWICZ, PETER	
STREET ADDRESS	355 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGRUE, DAVID	
STREET ADDRESS	355 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, JOSEPH	
STREET ADDRESS	355 GOODLETTE RD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAMBOSK, KEVIN	
STREET ADDRESS	355 GOODLETTE RD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	WINGO, BRIAN	
STREET ADDRESS	355 GOODLETTE RD N	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven C. Moore	
STREET ADDRESS	355 13th St. N	
CITY-ST-ZIP	Naples FL 34102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	355 13th St. N	
CITY-ST-ZIP		
TITLE	EO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER M MURPHY	
STREET ADDRESS	355 13th St N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Barkley	
STREET ADDRESS	355 13th St. N	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Cox	
STREET ADDRESS	355 13th St. N	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Metzger	
STREET ADDRESS	355 13th St. N	
CITY-ST-ZIP	Naples, FL 34102	

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: *Steven C. Moore* DATE: **07-07-00** DAYTIME PHONE #: **(941) 434-4853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)