## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 711151** 1. Entity Name NAPLES POLICE ATHLETIC LEAGUE, INC. 01-26-2001 90009 005 \*\*\*\*70 00 Principal Place of Business Mailing Address POLICE DEPARTMENT POLICE DEPARTMENT 355 13TH STREET NORTH 355 13TH STREET NORTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0263695 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVEN C. MOORE Street Address (P.O. Box Number is Not Acceptable) MOORE, SEVEN C **95 19TH STREET NORTH** 355 13th St. N NAPLES FL 34102 Zip Code FL 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITI F ☐ Addition Delete Change Steven CMOORE **LEWKOWICZ, PETER** NAME NAME 355 13th St.N STREET ADDRESS STREET ADDRESS 355 GOODLETTE ROAD NORTH Dekte CITY-ST-ZIP CITY-ST-ZIP NAPLES FL NAPLES, FL 34102 <del>D-</del> D TITLE Addition TITLE ☐ Delete Change Change SUGRUE, DAVID NAME १८५ 13th 5+, 2 STREET ADDRESS STREET ADDRESS **355-GODDLETTE ROAD NORTH** Darketero CITY-ST-ZIP NAPLES, FL 00000 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition WHITEHEAD, JOSEPH John Barkley 355 1375 St.N NAME NAME Jahn STREET ADDRESS STREET ADDRESS 355-GOODLETE RD-N Delete CITY-ST-ZIP CITY-ST-ZIP NAPLES: FL 00000 NAPLS PD-Delete TITLE Change ☐ Addition TITLE RALPH COX RAMBOSK, KEVIN NAME NAME BIST. St. STREET ADDRESS 355 GOODLETTE RD N STREET ADDRESS 365 Delete 34102 CITY-ST-ZIP CITY-ST-ZIP 1100 W NAPLES FL N Delete ED TITLE Change ☐ Addition Christopher M. Munphy WINGO, BRIAN, NAME NAME 355 13to 54. N STREET ADDRESS **255 GOODLETTE RD N** STREET ADDRESS Delete CITY-ST-ZIP CITY-ST-ZIP NAPLES 34102 NAPLES FL ☐ Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

01.07.01 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR