

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90098 050 ****61.25

DOCUMENT # 711151

1. Entity Name

NAPLES POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

**POLICE DEPARTMENT
 355 13TH STREET NORTH
 NAPLES FL 34102**

**POLICE DEPARTMENT
 355 13TH STREET NORTH
 NAPLES FL 34102
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
355 Riverside Cir

Suite, Apt. #, etc.
355 Riverside Cir

City & State

City & State

4. FEI Number

65-0263695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, STEVEN C
 355 13TH ST. N.
 NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

355 Riverside Cir

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete MOORE, STEVEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 355 13TH ST. N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete SUGRUE, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 355 13TH ST. N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete BARKLEY, JOHN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 355 13TH ST. N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete COX, RALPH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 355 13TH ST. N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP	
TITLE ED	<input type="checkbox"/> Delete MURPHY, CHRISTOPHER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 355 13TH ST. N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Required* **Signature and Typed or Printed Name of Signing Officer or Director** **Steven C. Moore** **01-10-02** **(941) 213-4883**
 Date Daytime Phone #

CR2E037 (9/01)