

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736642

1. Entity Name

CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

3955 COUNTRY CLUB DR.
ORLANDO FL 32808
US

Mailing Address

2001 MERCY DR. SUITE 103
P O BOX 585846
ORLANDO FL 32858-5846
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

52-1076736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIZELL, GREGORY
2001 MERCY DR., #103
ORLANDO FL 32808

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	VD	<input type="checkbox"/> Delete
NAME	DEMINGS, VAL	
STREET ADDRESS	100 S HUGHEY AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, PAMELA	
STREET ADDRESS	123 CROWN POINT CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, GEORGE	
STREET ADDRESS	P O BOX 916027 N/A	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGOWAN, GEORGE	
STREET ADDRESS	1970 AQUARIUS CT	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, DAVE	
STREET ADDRESS	3525 W LAKE MARY BLVD #306	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIZMER, MICHAEL	
STREET ADDRESS	391 TROTTERS DR	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURMAN, BETTY EVANS	
STREET ADDRESS	2942 WILLOW BENT BLVD	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROLES, CHRISTOPHER	
STREET ADDRESS	201 S. ORANGE AVE, #1500	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Gregory Mizell 4-28-00 (407)291-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90016 019 ****61.25