

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

04-30-2001 90393 005 ****61.25

DOCUMENT # 736642

1. Entity Name

CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

3955 COUNTRY CLUB DR.
 ORLANDO FL 32808
 US

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

4. FEI Number

52-1076736

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Jerry Girley

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

2001 Mercy Drive #103

City

Orlando**FL**

Zip Code

32808

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 re-registering)

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

TITLE	VD	☐ Delete
NAME	DEMINGS, VAL	
STREET ADDRESS	100 S HUGHEY AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	FIELDS, PAMELA	
STREET ADDRESS	123 CROWN POINT CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	STD	☐ Delete
NAME	BROWN, GEORGE	
STREET ADDRESS	P O BOX 916027 N/A	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☐ Delete
NAME	TURMAN, BETTY E	
STREET ADDRESS	2942 WILLOW BEND BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	SPROLES, CHRISTOPHER	
STREET ADDRESS	201 S ORANGE AVE, #1500	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ Delete
NAME	ZIZMER, MICHAEL	
STREET ADDRESS	391 TROTTERS DR	
CITY-ST-ZIP	MAITLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)