

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736642

1. Entity Name

CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 047 ****61.25

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

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

GIRLEY, JERRY
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
NAME DEMMINGS, VAL
STREET ADDRESS 100 S HUGHEY AVENUE
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE
NAME ELLIS, ADRIAN ☐ Change ☒ Addition
STREET ADDRESS 1313 WESTON WOODS
CITY-ST-ZIP ORLANDO, FL 32818 Vice President

TITLE D
NAME FIELDS, PAMELA
STREET ADDRESS 123 CROWN POINT CIRCLE
CITY-ST-ZIP LONGWOOD FL ☒ Delete

TITLE
NAME Secretary Treasure ☐ Change ☒ Addition
STREET ADDRESS LEWIS ARNOLD
CITY-ST-ZIP 111 MAGNOLIA STREET
ORLANDO, FL 32804

TITLE STD
NAME BROWN, GEORGE
STREET ADDRESS P O BOX 916027 N/A
CITY-ST-ZIP LONGWOOD FL ☒ Delete

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

TITLE D
NAME TURMAN, BETTY E
STREET ADDRESS 2942 WILLOW BEND BLVD
CITY-ST-ZIP ORLANDO FL ☒ Delete

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

TITLE D
NAME SPROLES, CHRISTOPHER
STREET ADDRESS 201 S ORANGE AVE, #1500
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE PD
NAME ZIZMER, MICHAEL
STREET ADDRESS 391 TROTTERS DR
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE PD
NAME zizmer Michael ☒ Change ☐ Addition
STREET ADDRESS 1232 Alexander Court
CITY-ST-ZIP Orlando FL 32804 Address.

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

4/28/02

Date

Daytime Phone #

CR2E037 (9/01)