

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00499

1. Entity Name

STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90067 032 ****61.25

Principal Place of Business 2809 ART MUSEUM DR. SUITE 208 - JACKSONVILLE FL 32207 US	Mailing Address P.O. BOX 47497 JACKSONVILLE FL 32247-7497
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2809 Art Museum Dr. Suite, Apt. #, etc. 200	3. Mailing Address Suite, Apt. #, etc.
City & State Jacksonville, Florida	City & State
Zip 32207	Country US

4. FEI Number 59-2624887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, LAVERN B
 2809 ART MUSEUM DR.
 SUITE 208
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Scott, Lavern B.
 Street Address (P.O. Box Number is Not Acceptable)
 2809 Art Museum Drive
 Suite 200
 City Jacksonville FL Zip Code 32207

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 Lavern B. Scott
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUEX, SHERRY 300 BRUNSON BLVD. COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, MEL 1100 USA BLVD. TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKNAM, BILL 7900 JOHNSON ST. PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINER, BERNIE 999 11TH STREET MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, LAVERN B SR 2809 ART MUSEUM DR. SUITE 208 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTIANSEN, JERRY 3250 HOLLYWOOD BLVD. HOLLYWOOD FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Doles, Derrick 203 Avenue R NE Winter Haven, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dillhyon, Mike 4015 Lewis Speedway St. Augustine Fl. 32095	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bucknam, Bill 7900 Johnson Street Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lavern B. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)