

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90020 036 \*\*\*\*61.25

**DOCUMENT # N00499**

1. Entity Name

**STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC LEAGUES/ACTIVITIES, INC.**

Principal Place of Business

Mailing Address

2809 ART MUSEUM DR.  
 STE 200  
 JACKSONVILLE FL 32207  
 US

P.O. BOX 47497  
 JACKSONVILLE FL 32247

2. Principal Place of Business

2500 Monument Road

3. Mailing Address

P.O. Box 350399

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-2624887

Applied For

Not Applicable

Zip

32225

Country

US

Zip

32235-0399

Country

US

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

**SCOTT, LAVERN B**  
 2809 ART MUSEUM DR.  
 STE 200  
 JACKSONVILLE FL 32207

Name

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

2500 Monument Road Suite 204

City

Jacksonville

FL

Zip Code  
32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lavern B. Scott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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          | PD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | TRUEX, SHERRY                 |  |
| STREET ADDRESS | 300 BRUNSON BLVD.             |  |
| CITY-ST-ZIP    | COCOA FL 32922                |  |
| TITLE          | VP                            | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, MEL                 |  |
| STREET ADDRESS | 1100 USA BLVD.                |  |
| CITY-ST-ZIP    | TITUSVILLE FL 32780           |  |
| TITLE          | T                             | <input type="checkbox"/> Delete            |
| NAME           | DOLES, DERRICK                |  |
| STREET ADDRESS | 203 AVE R NE                  |  |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881         |  |
| TITLE          | TD                            | <input type="checkbox"/> Delete            |
| NAME           | DILLHYON, MIKE                |  |
| STREET ADDRESS | 4015 LEWIS SPEEDWAY           |  |
| CITY-ST-ZIP    | SAINT AUGUSTINE FL 32095      |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | SCOTT, LAVERN B SR            |  |
| STREET ADDRESS | 2809 ART MUSEUM DR. SUITE 208 |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207         |  |
| TITLE          | SD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | BUCKNAM, BILL                 |  |
| STREET ADDRESS | 7900 JOHNSON STREET           |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33024       |  |

|                |  |  |
|----------------|--|--|
| TITLE          | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mel Williams                               |  |
| STREET ADDRESS | 1100 John Glenn Blvd                       |  |
| CITY-ST-ZIP    | Titusville, FL 32780                       |  |
| TITLE          | VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Dave Beaudry                               |  |
| STREET ADDRESS | 130 Malabar RD SE                          |  |
| CITY-ST-ZIP    | Palm-Bay, Florida 32907                    |  |
| TITLE          | T  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Wheatley, Tom                              |  |
| STREET ADDRESS | 900 Orange Avenue                          |  |
| CITY-ST-ZIP    | Daytona Beach, FL 32114                    |  |
| TITLE          | S  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Dillhyon, Mike                             |  |
| STREET ADDRESS | P.O. Box 2240                              |  |
| CITY-ST-ZIP    | St. Augustine, FL 32084                    |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | TRUSTEE                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Everett, Roderick                          |  |
| CITY-ST-ZIP    | 6130 SW 72 Street<br>South Miami, FL 33143 |  |

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*

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE