

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91173 029 \*\*\*\*61.25

**DOCUMENT # N01000003114**

1. Entity Name

**WESLEY CHAPEL PASCO POLICE ATHLETIC LEAGUE, INC.**

Principal Place of Business

**4251 LONGSHORE DR  
 LAND O' LAKES FL 34639**

Mailing Address

**4251 LONGSHORE DR  
 LAND O' LAKES FL 34639**

2. Principal Place of Business

**22406 Laureldale Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**22406 Laureldale Drive**  
 Suite, Apt. #, etc.

City & State

**Lutz FL**

City & State

**Lutz FL**

4. FEI Number

**59-3700792**

Applied For

Not Applicable

Zip

**33549**

Country

**Pasco**

Zip

**33549**

Country

**Pasco**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PETLTT, WILLIAM  
 4251 LONGSHORE DR  
 LAND O' LAKES FL 34639**

Name

**Christina Schwerbel**

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

**22406 Laureldale Drive**

City

**Lutz**

**FL**

Zip Code

**33549**

7. Name and Address of New Registered Agent

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

*William Petlitt*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/20/02**

**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	<b>D LEBBY, DAVE 22111 WEEKS BLVD LAND O' LAKES FL 34639</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PETLTT, BILL 4251 LOGGSHORE DR LAND O' LAKES FL 34639</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SCHWERBEL, CHRISTINE 22406 LAUDERDALE DR LUTZ FL 33549</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Christina Schwerbel 22406 Laureldale Dr. Lutz, FL 33549</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Director Bill Petlitt 4251 Longshore Dr. Land O' Lakes FL 34639</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Erica Kneitzke 905 Conservation Ct Lutz, FL 33549</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

*Christina Schwerbel* **REQUIRED** **Christina Schwerbel** 1/27/02 (813) 909-1084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)