## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # N32197** 1. Entity Name POLICE ATHLETIC LEAGUE OF MANATEE COUNTY, INC. 05-18-2000 90387 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 202 13TH AVE. EAST PARTY SNIGHER 202 13TH AVE. EAST ATTN: SHANDRA-SEWALL-FINANCE ATTN: SHANDRA-SEWALL FINANCE ATTN: PATTY SMOLER **BRADENTON FL 34208** BRADENTON FL 34208-3246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0122462 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBINSON, LAYON F.,II 442 OLD MAIN STREET **BRADENTON FL 34205** City 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 1. . . **\$5.00** May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition NAME ROBINSON, LAYON F II NAME STREET ADDRESS STREET ADDRESS 442 OLD MAIN STREET CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Change ☐ Delete TITLE Addition TITLE VANBUREN, DR. G NAME NAME 1615 26th AVEE Beaderton, FL 34208 STREET ADDRESS STREET ADDRESS 2703 19TH ST. CT. E. CITY-ST-7IP CITY-ST-ZIP BRADENTON FL TITLE Delete Change X Addition HARRY VAN WAY 4210 18#81.W. NAME BROOKS, CHESTER NAME STREET ADDRESS 6404 MANATEE AVE. W., SUITE L STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE Delete TITLE ☐ Change Addition NAME RICHERT, TIM NAME STREET ADDRESS STREET ADDRESS 4005 51ST ST E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Delete □ Change ☐ Addition TITLE FOSTER, BRENDA NAME STREET ADDRESS STREET ADDRESS 202 13TH AVE E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE ☐ Delete TITLE ☐ Change Addition PRESHA, WALTER ( NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 106 N/A CITY-ST-ZIP CITY-ST-ZIP PARRISH FL 12. I hereby certify that the information supplied with this filling 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 OF DIRECTOR