

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90015 033 \*\*\*\*61.25

<b>DOCUMENT # N33668</b>			
1. Entity Name <b>POLICE ATHLETIC LEAGUE OF SARASOTA COUNTY, INC.</b>			
Principal Place of Business <b>2071 RINGLING BLVD SARASOTA FL 34237 US</b>		Mailing Address <b>ATT: FISCAL SERVICES P O BOX 4115 SARASOTA FL 34230-4115 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0154597</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  <b>ROSSI, RICHARD 2071 RINGLING BLVD SARASOTA FL 34237</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Department of State</b>			

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONGE, GEOFFREY</b>		NAME	<b>MONGE, GEOFFREY</b>	
STREET ADDRESS	<b>2071 RINGLING BLVD.</b>		STREET ADDRESS	<b>2071 RINGLING BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUCCIO, ANTHONY</b>		NAME	<b>NAISMITH, IAN</b>	
STREET ADDRESS	<b>1812 S OSPREY AVE</b>		STREET ADDRESS	<b>800 S. OSPREY AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVY, MARK</b>		NAME	<b>DAVY, MARK</b>	
STREET ADDRESS	<b>1605 MAIN ST.</b>		STREET ADDRESS	<b>1605 MAIN ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, TERRY</b>		NAME	<b>BALKWILL, WILLIAM</b>	
STREET ADDRESS	<b>2071 RINGLING BLVD</b>		STREET ADDRESS	<b>2071 RINGLING BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>		CITY-ST-ZIP	<b>SARASOTA, 34237</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, RICHARD</b>		NAME	<b>ROSSI, RICHARD</b>	
STREET ADDRESS	<b>2071 RINGLING BLVD</b>		STREET ADDRESS	<b>2071 RINGLING BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUPLEE, RAY</b>		NAME	<b>KENNEDY, WILLIAM</b>	
STREET ADDRESS	<b>800 S OSPREY AVE</b>		STREET ADDRESS	<b>3000 BEE RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>	

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: <b>RICHARD ROSSI</b>	<b>SIGNATURE REQUIRED</b>	Date <b>3-10-00</b>	Daytime Phone # <b>941-951-5004</b>
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CR2E037 (9/99)