

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91120 016 ****61.25

DOCUMENT # N37026

1. Entity Name

ISLE OF EIGHT FLAGS POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

**530 S. 10TH STREET
 FERNANDINA BEACH, FL 32035**

Mailing Address

**P.O. BOX 774
 FERNANDINA BEACH, FL
 32035-0774**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3070813

Applied For

Not Applicable

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

**JOHNSON, SHAWN
 8151 ALDERMAN ROAD #405
 JACKSONVILLE, FL 32211**

Name

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

City

FL

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **Thompson, James**
 CITY-ST-ZIP **212 Palmetto TR
 Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition
 NAME **BMT Rayso**
 STREET ADDRESS **Raysor, Christine**
 CITY-ST-ZIP **823 Vernon Street
 Fernandina Beach, FL 32034**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **Williams, Lavinia**
 CITY-ST-ZIP **530 Division Street
 Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition
 NAME **BMT**
 STREET ADDRESS **Albert, Charles**
 CITY-ST-ZIP **612 S. 11th Street
 Fernandina Beach, FL 32034**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **Thomas, Annette**
 CITY-ST-ZIP **616 Vernon Street
 Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition
 NAME **BMT**
 STREET ADDRESS **Baia, Tony**
 CITY-ST-ZIP **2160-E Sadler Road
 Fernandina Beach, FL 32034**

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **Smith, Curtis**
 CITY-ST-ZIP **Nassauville Road
 Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition
 NAME **BMT**
 STREET ADDRESS **Gilbert, Charles**
 CITY-ST-ZIP **1227 Gum Street
 Fernandina Beach, FL 32034**

TITLE ☐ Delete
 NAME **P/D**
 STREET ADDRESS **Johnson, Shawn**
 CITY-ST-ZIP **8151 Alderman Road
 Jacksonville, FL 32211**

TITLE ☐ Change ☒ Addition
 NAME **BMT**
 STREET ADDRESS **Hammond, Robert**
 CITY-ST-ZIP **857 Atlantic View Drive
 Fernandina Beach, FL 32034**

TITLE ☐ Delete
 NAME **BMT**
 STREET ADDRESS **Perry, Harold**
 CITY-ST-ZIP **616 Vernon Street
 Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Shawn L. Johnson **SHAWN L. JOHNSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (904) 277-7342

CR2E037 (11/00)