

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90029 036 \*\*\*\*61.25

**DOCUMENT # N37026**

1. Entity Name

**ISLE OF EIGHT FLAGS POLICE ATHLETIC LEAGUE, INC.**

Principal Place of Business

Mailing Address

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

**P.O. BOX 774  
 FERNANDINA BEACH FL 32035**

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**

5. 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BMT  
 RAYSOR, CHRISTINE  
 823 VERNON STREET  
 FERNANDINA BEACH FL 32034** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Secretary  
 THOMAS, ANNETTE L  
 616 VERNON STREET  
 FERNANDINA BEACH, FL 32034** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 WILLIAMS, LAVANIA  
 530 S. DIVISION ST.  
 FERNANDINA BEACH FL 32034** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BMT  
 THOMPSON, JAMES  
 212 PALMETTO TRL  
 FERNANDINA BEACH, FL 32034** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BMT  
 ALBERT, CHARLES  
 612 S 11TH STREET  
 FERNANDINA BEACH FL 32034** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 WILLIAMS, LAVANIA  
 530 S DIVISION STREET  
 FERNANDINA BCH, FL 32034** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BMT  
 BAIA, TONY  
 2160-E SADLER ROAD  
 FERNANDINA BEACH FL 32034** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DIRECTOR/PRESIDENT  
 SHAWN JOHNSON  
 8151 ALDERMAN ROAD #1304  
 JACKSONVILLE, FL 32210** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BMT  
 GILBERT, CHARLES  
 1227 GUM STREET  
 FERNANDINA BEACH FL 32034** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BMT  
 HAMMOND, ROBERT  
 857 ATLANTIC VIEW DRIVE  
 FERNANDINA BEACH FL 32034** ☐ Delete

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

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

**SHAWN L. JOHNSON 03-08-02 (904) 277-7342**

Date

Daytime Phone #

CR2E037 (9/01)