

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39012

1. Entity Name
NATIONAL POLICE ATHLETIC LEAGUE FOUNDATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 026 ****61.25

Principal Place of Business 618 US HWY 1 SUITE 201 N. PALM BEACH FL 33408 US	Mailing Address 618 US HWY 1 SUITE 201 N. PALM BEACH FL 33408-4609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number **65-0208217** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DANIEL AKEL
 % HOLBROOK, AKEL, COLD, ET. AL
 ONE INDEPENDENT DR, STE 2301
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 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 *Ralph Giardina* **RALPH GIARDINA** **PRESIDENT** **1-19-00**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIARDINA, RALPH	
STREET ADDRESS	35 2ND AVENUE	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	T	<input type="checkbox"/> Delete
NAME	L.B. SCOTT	
STREET ADDRESS	2165 W. 33RD STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADAMS, LYNN	
STREET ADDRESS	P.O. BOX 1095 N/A	
CITY-ST-ZIP	LAKELAND FL 33802-1095	
TITLE	T	<input type="checkbox"/> Delete
NAME	AKEL, DANIEL	
STREET ADDRESS	ONE INDEPENDENT SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH WILSON	
STREET ADDRESS	618 US HWY 1 STE 201	
CITY-ST-ZIP	NAORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)