

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90134 012 ****61.25

DOCUMENT # N39012

1. Entity Name

NATIONAL POLICE ATHLETIC LEAGUE FOUNDATION, INC.

Principal Place of Business

Mailing Address

618 US HWY 1
 SUITE 201
 N. PALM BEACH FL 33408
 US

618 US HWY 1
 SUITE 201
 N. PALM BEACH FL 33408
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0208217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL AKEL
% HOLBROOK, AKEL, COLD, ET. AL.
ONE INDEPENDENT DR, STE 2301
JACKSONVILLE FL 32202

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:
SEE 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 PD GIARDINA, RALPH
 STREET ADDRESS 35 2ND AVENUE
 CITY-ST-ZIP FARMINGDALE NY 11735

TITLE Change Addition
 NAME PD C.A. Robertson
 STREET ADDRESS 1129 Mac Donald Ave.
 CITY-ST-ZIP Richmond, CA 94804

TITLE Delete
 NAME T L.B. SCOTT
 STREET ADDRESS 2165 W. 33RD STREET
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD ADAMS, LYNN
 STREET ADDRESS P.O. BOX 1095 N/A
 CITY-ST-ZIP LAKELAND FL 33802-1095

TITLE Change Addition
 NAME VP Gregg Wilson
 STREET ADDRESS 305 Washington St.
 CITY-ST-ZIP Oakland, CA 94607-3810

TITLE Delete
 NAME T AKEL, DANIEL
 STREET ADDRESS ONE INDEPENDENT SQUARE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D JOSEPH WILSON
 STREET ADDRESS 618 US HWY 1 STE 201
 CITY-ST-ZIP NAORTH PALM BEACH FL

TITLE Change Addition
 NAME D Brad Hart
 STREET ADDRESS 618 US Highway 1, Ste. 201
 CITY-ST-ZIP North Palm Beach, FL 33408

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/01

Date

561-844-1823

Daytime Phone #

CR2E037 (10/00)