

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49101

1. Entity Name

WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

200 WEST VERMONT AVE
DELAND FL 32720
US

PO BOX 569
DELAND FL 32721-0569
US

2. Principal Place of Business

3. Mailing Address

P. O. Box 3642

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DeLand, FL 32721-3642

4. FEI Number

59-3148576

Applied For

Not Applicable

Zip

Country

Zip

Country

32721-3642

US

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

BLAIS, STEPHEN
4168 N. GRAND AVENUE
DELAND FL 32720

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 D
STREET ADDRESS SMITH, ROGER
CITY-ST-ZIP 135 W NEW YORK AVE
DELAND FL

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

TITLE ☒ Delete
NAME V
STREET ADDRESS JOHNSON, BEN
CITY-ST-ZIP 2791 GRAND AVE
GLENWOOD FL

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS Altier, Jeff
CITY-ST-ZIP 431 N. Woodland Blvd. Unit 8359
DeLand, FL 32720

TITLE ☐ Delete
NAME P
STREET ADDRESS FORD, FRANK A. JR
CITY-ST-ZIP 145 E RICH AVE
DELAND FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS BLAIS, STEPHEN
CITY-ST-ZIP 4168 NORTH GRAND AVENUE
DELAND FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS DILLIGARD, LARRY
CITY-ST-ZIP 400 SPRING GARDEN AVE
DELAND FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KAISER, ROCKY
CITY-ST-ZIP P.O. BOX 2813 N/A
DELAND FL 32723

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:

SIGNATURE OF SIGNED OFFICER OR DIRECTOR
lex Ford, President

1/12/00

Date

Daytime Phone #

CR2E037 (9/99)