## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 19, 2001 8:00 am **DOCUMENT # N49101** Secretary of State 1. Entity 1 tome WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC. 02-19-2001 90054 044 \*\*\*\*61.25 Mailing Address Principal Place of Business PO ROX 569 200 WEST VERMONT AVE DELAND FL 32720 DELAND FL 32721-0569 US. 2. Principal Place of Business 3. Mailing Address 200 W. Vermont Ave. 0. Box 3642 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3148576 Not Applicable DeLand, FL DeLand, FL 32721-3642 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Lambert, Bobby J.</u> Street Address (P.O. Box Number is Not Acceptable) 200 W. Vermont Avenue **BLAIS. STEPHEN** 4168 N. GRAND AVENUE DELAND FL 32720 City DeLand 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 Bobby J. Lambert, Executive Director SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME SMITH, ROGER NAME STREET ADDRESS 135 W NEW YORK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL Change ☐ Addition TITLE X Delete TITLE NAME ALTIER, JEFF NAME Ford, Alex 431 N WOODLAND BLVD UNIT 8359 STREET ADDRESS STREET ADDRESS 145 Rich Ave. CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 DeLand. FL X Change ☐ Addition TITLE X Delete P TITLE FORD, FRANK A. JR NAME Kaiser, Rocky NAME, STREET ADDRESS STREET ADDRESS 145 E RICH AVE P. O. Box 2813 CITY-ST-7(P CITY-ST-7IP DELAND FL DeLand, FL 32723 X Change ☐ Addition TITLE S TITLE Delete S **BLAIS, STEPHEN** NAME NAME Locke, Connie STREET ADDRESS 4168 NORTH GRAND AVENUE STREET ADDRESS 409 Sandy Lane CITY-ST-ZIP CITY-ST-7IP DELAND FL <u>Deltona, FL 32738</u> ☐ Addition ☐ Change TITLE TITLE ☐ Delete DILLIGARD, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 400 SPRING GARDEN AVE CITY-ST-ZIP CITY-ST-ZIF DELAND FL XT Change ☐ Addition ☐ Delete TITLE TITLE KAISER, ROCKY Dreggors, Richard NAME NAME STREET ADDRESS P.O. BOX 2813 N/A 806 Bay Tree Circle STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32723 <u>DeLand, F</u>L 32724

2/14/01 (904) 943-3907 Daytime Phone # Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filling 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: