2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 06, 2000 08:00 AM DOCUMENT # N9300001876 1. Entity Name **Secretary of State** SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC. Principal Place of Business Mailing Address SEMINOLE COUNTY SHERIFF OFFICE 100 BUSH BV SANFORD SANFORD FL FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3196445 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEH JOHN 100 BUSH BV Street Address (P.O. Box Number is Not Acceptable) 100 BUSH BV SANFORD FL32773 City Zip Code SANFORD 32773 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 JOHN ZEH 07/06/2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE \mathbf{DV} X Addition NAME NAME MCNEIL WILLIAM STREET ADDRESS STPEET ADDRESS 4195 S. HIGHWAY 17-92 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL32707 TITLE ☐ Delete DTS ☐ Change ☐ Addition NAME NEGRI JOHN NAME STREET ADDRESS 100 BUSH BV STREET ADDRESS CITY-ST-ZIP SANFORD 32773 CITY-ST-ZIP TITLE ☐ Delete TITLE DP ☐ Change Addition NAME NAME MEDLEY DAVID STREET ADDRESS STREET ADDRESS 400 AIRPORT BV CITY-ST-ZIP CITY-ST-ZIP SANFORD FL. 32773 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REHDER MARK STREET ADDRESS 100 BUSH BV STREET ADDRESS CITY-ST-ZIF SANFORD 32773 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.