

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004596

1. Entity Name

DADE CITY POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

40128 KNOTGRASS CT
DADE CITY FL 33523
US

Mailing Address

40128 KNOTGRASS CT
DADE CITY FL 33523
US

2. Principal Place of Business

11805 Carmen Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 311

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City FL

Zip

33525

Country

USA

Zip

33526

Country

USA

4. FEI Number

59-3181448

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUVIL, JON L
301 E MERIDIAN AVE
SUITE 314
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

37837 Meridian Ave

Suite 314

City

Dade City

FL

Zip Code

33525

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

5-1-2001

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 D ☐ Delete
NAME MOONEY, BILL
STREET ADDRESS 36409 SAINT JOE RD.
CITY-ST-ZIP DADE CITY FL 33523

TITLE T ☐ Delete
NAME RILEY, KENDRA
STREET ADDRESS 40128 KNOTGRASS CT
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Delete
NAME GUYE, ANGIE
STREET ADDRESS 11800 ORANGE CT
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☒ Delete
NAME LYMAN, DALENE
STREET ADDRESS 36847 THOMAS JEFFERSON RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☒ Delete
NAME REEDY, DEREK
STREET ADDRESS 16563 SPRINGVALLEY RD
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Delete
NAME MALDANADO, MARIE
STREET ADDRESS 37329 OAK ST
CITY-ST-ZIP DADE CITY FL 33525

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

ASSISTANT DIRECTOR (D) ☒ Change ☐ Addition

SECRETARY (S) ☒ Change ☐ Addition
NAME ANGIE GUY
STREET ADDRESS
CITY-ST-ZIP

TREASURER (T) ☐ Change ☒ Addition
NAME TIFFANNIE A. Alligood
STREET ADDRESS 11805 carmen Ave
CITY-ST-ZIP Dade City FL 33525

ATHLETIC DIRECTOR (D) ☐ Change ☒ Addition
NAME MIKE LEASE
STREET ADDRESS 34009 Ridge Manor Blvd
CITY-ST-ZIP Ridge Manor, FL 33523

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

TIFFANNIE A. Alligood 5/1/01 (352) 521-4302



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)