

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90158 001 *****70.00

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1. Entity Name

DADE CITY POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business

**11805 CARMEN AVE
DADE CITY FL 33525
US**

Mailing Address

**PO BOX 311
DADE CITY FL 33526
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3181448**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUVIL, JON L
37837 MERIDIAN AVE
SUITE 314
DADE CITY FL 33525**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MALDONADO, MARIE**
STREET ADDRESS **36037 CLINTON AVENUE**
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **AD** ☒ Delete
NAME **RILEY, KENDRA**
STREET ADDRESS **40128 KNOTGRASS CT**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **AD** ☐ Change ☒ Addition
NAME **Tony Sander son**
STREET ADDRESS **20502 Peachtree Ln**
CITY-ST-ZIP **Dade City FL 33523**

TITLE **S** ☐ Delete
NAME **GUY, ANGIE**
STREET ADDRESS **11800 ORANGE CT**
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **T** ☐ Delete
NAME **ALLIGOOD, TIFFANNIE A**
STREET ADDRESS **11805 CARMEN AVE**
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **AD** ☒ Delete
NAME **SPRINGER, RICK**
STREET ADDRESS **39036 ALEX AVENUE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

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

TITLE **AD** ☐ Change ☒ Addition
NAME **ANDY FAZA**
STREET ADDRESS **29440 Johnston Rd**
CITY-ST-ZIP **Dade City FL 33523**

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 3/21/03 352-501-0834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)