

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91160 015 ****70.00

DOCUMENT # N94000001262

1. Entity Name

MARTIN COUNTY SHERIFF'S ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

**800 MONTEREY RD
 STUART FL 34994**

**800 MONTEREY RD
 STUART FL 34994**



DO NOT WRITE IN THIS SPACE

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

65-0487283

Applied For

Not Applicable

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

**HIGGINS, JAMES S
 800 SE MONTEREY COMMONS BLVD.
 SUITE 200
 STUART FL 34996**

Name **Dungey, Richard J.**
 Street Address (P.O. Box Number is Not Acceptable)
1100 Federal Highway

City **Stuart** FL Zip Code **34994**

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

4/23/02

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 **PD SULLIVAN, ED**
 STREET ADDRESS **2247 SW DANFORTH CIR**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
 NAME **VD BELLANTONI, JAMIE**
 STREET ADDRESS **P.O. BOX 9401 N/A**
 CITY-ST-ZIP **PORT ST LUCIE FL 34985**

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

TITLE ☐ Delete
 NAME **VD BELLANTONI, ROCCO**
 STREET ADDRESS **P.O. BOX 9401 N/A**
 CITY-ST-ZIP **PORT ST LUCIE FL 34985**

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

TITLE ☒ Delete
 NAME **S RAMONO, MICHELLE**
 STREET ADDRESS **6 PALM CT.**
 CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete
 NAME **DT PASSANESI, JOSEPH S**
 STREET ADDRESS **800 SE MONTEREY RD**
 CITY-ST-ZIP **STUART FL 34944**

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

TITLE ☐ Delete
 NAME **M WHITE, JAMES B.**
 STREET ADDRESS **800 SE MONTEREY ROAD**
 CITY-ST-ZIP **STUART FL 34994**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02 (712) 220-7011
 Date Daytime Phone #

CR2E037 (9/01)