

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001532

Entity Name

BOYNTON BEACH POLICE ATHLETIC LEAGUE, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90247 001 *****8.75
 01-24-2000 90247 002 *****61.25

Original Place of Business Mailing Address
 100 E BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435 100 EAST BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435-3838

Original Place of Business 3. Mailing Address
 Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Country Zip Country

4. FEI Number **65-0488479** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 W.M.
 E BOYNTON BEACH BLVD
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 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 Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	TOME, BILL 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	WALKER, KENT 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D	THRASHER, DONALD 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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]* 01/11/00 5612742-6190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)