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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT # N9400001532 01-30-2002 90070 028 \*\*\*\*70.00 **BOYNTON BEACH POLICE ATHLETIC LEAGUE, INC.** Principal Place of Business 100-EAST BOYNTON BEACH BLVD. 100 EAST BOYNTON BEACH BLVD. **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 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 65-0488479 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) .TOME, W.M. 100 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition NAME TOME, BILL NAME STREET ADDRESS STREET ADDRESS 100 E. BOYNTON BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33435 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME WALKER, KENT STREET ADDRESS 100 E. BOYNTON BEACH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33435 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Sweeting, vert STREET ADDRESS STREET ADDRESS 104 NORTH EAST 20TH AVE CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL 33435 Addition ☐ Delete TITLE ☐ Change TITLE NAME Jones, Debra NAME STREET ADDRESS STREET ADDRESS 4090 OLD SPANISH TRAIL CITY-ST-7IP CITY-ST-7IP **BOYNTON BEACH FL 33435** TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME BOARDON DIFFERENCE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: BUISTAMETURE