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

DOCUMENT # N9400001532

1. Entity Name

BOYNTON BEACH POLICE ATHLETIC LEAGUE, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90641 016 ****61.25

					' [
Principal Place of Business		Mailing Address							
100 EAST BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435		100 EAST BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0488479 Applied For				
Zip	Country	Zip	Cou	intry	5. Certificate of Sta	atus Desired	\$8.75 A Fee Requi	Not Applicabl dditional	$\stackrel{\mathbf{e}}{\dashv}$
·	6. Name and Address of Current I	J ==			7 Name and Addr	ess of New Registered A		rea	
	-	g	_	Name	7. Name and Addr	ess of New Registered A	rgent .		-
TOME, \	N.M.								_
100 E B	OYNTON BEACH BLVD ON BEACH FL 33435			Street Address	(P.O. Box Number is N	ot Acceptable)			_
	* :			City		FL	Zip Co	ode	\dashv
8. The abov	e named entity submits this statement for	the nurnose of changing its	ranietara	nd office or registe	ared agent or both in the				_
the obliga ع	ations of registered agent.	The perpendicular of the lighting the	ogistore	a onice or registe	sed agent, or both, in the	ie state of Florida. Tani is	arriiirai wili	і, апо ассері	
	0/11.	11			-				
SIGNATURE		/J/	<u>////</u>	m /	114-6	<u>03</u> 18	، م ؟		
,*	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	Registered	Agent signature require	d when reinstating)	DATE			-
									\dashv
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			Ī
10.	OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS I	N 10	-
TITLE	D	☐ Delete	TITLE		☐ Change				3
NAME	TOME, BILL		NAME	Ì	,		onlying	المالية المالية المالية	
STREET ADDRESS 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435				TADORESS					1,0
				ST-ZIP					18
TITLE	D	☐ Delete	TITLE				Change	Addition	CR2F037 (10/
NAME -	WALKER, KENT	يدري ^م دينسي مه د جاي د	NAME		ا معتمد بو پهرينيا ا	رستج جميد ، دي			O
STREET ADDRESS	100 E. BOYNTON BEACH BLVD.		STREE	T ADDRESS					-
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-	ST-ZIP					
TITLE	Ţ	☐ Delete	TITLE	·			☐ Change	Addition	.T
NAME	SWEETING, VERT		NAME	•					
STREET ADDRESS	104 NORTH EAST 20TH AVE		STREE	T ADDRESS					1
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-	ST-ZIP					ŀ
TITLE	S	☐ Delete	TITLE		· -		☐ Change	☐ Addition	1
NAME	JONES, DEBRA	•	NAME						
STREET ADDRESS	4090 OLD SPANISH TRAIL	•	STREE	T ADDRESS					1
CITY-ST-ZIP	BOYNTON BEACH FL 33435	,	CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE			 -	Change	Addition	1
NAME			NAME						
STREET ADDRESS			STREET	ADDRESS		• •			1
ITY-ST-7IP	ı								1

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 tike empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

3-18.03

☐ Change

☐ Addition