

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90176 021 ****61.25

DOCUMENT # N95000001587

1. Entity Name

WINTER HAVEN POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business

**203 AVENUE R. N.E.
WINTER HAVEN FL**

Mailing Address

**203 AVENUE R. N.E.
WINTER HAVEN FL**

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 **59-3368466**

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

**DOLES, DERRICK
203 AVENUE R., N.E.
WINTER HAVEN FL 33881**

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	<input type="checkbox"/> Delete
NAME	DOLES, DERRICK	
STREET ADDRESS	203 AVENUE R., N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	P/T	<input type="checkbox"/> Delete
NAME	BROWN, TIM	
STREET ADDRESS	305 AVE X NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	TYL, CHET	
STREET ADDRESS	3601 CYPRESS GARDENS ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUYLER, SANDRA	
STREET ADDRESS	2009 LEISURE DR. NW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REDDICK, CATHERINE	
STREET ADDRESS	211 MELINA AVE	
CITY-ST-ZIP	DUNDEE FL 33844	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLS, MICHELE	
STREET ADDRESS	714 17TH NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra Cuyler **REQUISITION** *Sandra Cuyler*

5/8/03

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CR2E037 (10/02)