

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005144

1. Entity Name

PALM BEACH GARDENS POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

3910 NORTH LAKE BLVD  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

P.O. BOX 32337  
PALM BEACH GARDENS FL 33420-2337  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0590193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BETSCHA, GEORGE OFC  
10500 NORTH MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Allen Gregory OFC  
Street Address (P.O. Box Number is Not Acceptable)  
10500 North Military Trail  
Palm Beach Gardens, FL 33410  
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

After September 13, 2002,  
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	ED BETSCHA, GEORGE 10500 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUNNINGHAM, SALLY 10500 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRAW, WILLIAM 2401 PGA BLVD PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AMMON, BRENDA PO BOX 30936 PALM BEACH GARDENS FL 33420 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JOE 135 BRACKENWOOD ROAD PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Gregory Allen 10500 North Military Trail Palm Beach Gardens, FL 33410 <input type="checkbox"/> Delete

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

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 OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02

Date

Daytime Phone #

561-307-4778  
561-792-9142

FILED  
Aug 27, 2002 8:00 am  
Secretary of State

07-24-2002 90188 002 \*\*\*\*\*8.75

07-24-2002 90188 001 \*\*\*\*\*61.25

42229

DO NOT WRITE IN THIS SPACE

CR2037 (4/02)