

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005377

1. Entity Name

PALM BAY POLICE ATHLETIC LEAGUE, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90090 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

130 MALABAR ROAD SE  
PALM BAY FL 32907

130 MALABAR ROAD SE  
PALM BAY FL 32907-3009

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

59-3188241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAUDRY, DAVID  
130 MALABAR RD SE  
PALM BAY FL 32907

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.

SIGNATURE

*David T Beaudry*

3-21-00

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Delete  
NAME: D  
STREET ADDRESS: BEAUDRY, DAVID T  
CITY-ST-ZIP: 1100 BAYWOOD CT  
MALABAR FL 32950

TITLE: ☒ Delete  
NAME: DV  
STREET ADDRESS: CRISTOFARO, DANTE  
CITY-ST-ZIP: 781 NELDA AVE, N.E.  
PALM BAY FL 32907

TITLE: ☒ Delete  
NAME: DP  
STREET ADDRESS: TOUCHTON, DEXTER DR  
CITY-ST-ZIP: 3973 MAN-O-WAR LANE  
VALKARIA FL 32950

TITLE: ☐ Delete  
NAME: DT  
STREET ADDRESS: FRAME, LISA A  
CITY-ST-ZIP: 839 BROOKSON AVE., N.W.  
PALM BAY FL 32907

TITLE: ☐ Delete  
NAME: DS  
STREET ADDRESS: MILLER, SHERYL  
CITY-ST-ZIP: 482 TILLMAN AVE., SW  
PALM BAY FL 32908

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME: PRES  
STREET ADDRESS: DENNIS STEUCK  
CITY-ST-ZIP: 495 HURLEY Blvd SW  
PALM BAY, FL 32908

TITLE: ☒ Change ☐ Addition  
NAME: VP  
STREET ADDRESS: JAMES KEEBLE  
CITY-ST-ZIP: 1590 LOMBARD ST NW  
PALM BAY, FL 32907

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

*David T Beaudry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 E037 (9/99)