

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000819

1. Entity Name

THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, IN

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90097 015 \*\*\*\*61.25

Principal Place of Business

9500 PINES BOULEVARD  
PEMBROKE PINES FL 33024

Mailing Address

8362 PINES BLVD  
STE 271  
PEMBROKE PINES FL 33024-6600  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0701409

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAM, STACY  
3099 EAST COMMERCIAL BLVD  
200  
FORT LAUDERDALE FL 33308

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

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 DP ☒ Delete  
NAME FEKETE, ALEX  
STREET ADDRESS 10100 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE DP/C ☒ Change ☐ Addition  
NAME Ewing, Gary  
STREET ADDRESS 9500 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE DV ☒ Delete  
NAME MAROONE, MIKE  
STREET ADDRESS 8600 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DV ☒ Change ☐ Addition  
NAME Yetto, Joseph  
STREET ADDRESS 9500 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE DS ☒ Delete  
NAME VITUCCI, JAMES  
STREET ADDRESS 701 N HIATUS RD  
CITY-ST-ZIP PEMBROKES PINES FL 33026

TITLE DS ☒ Change ☐ Addition  
NAME Geddis, Mark  
STREET ADDRESS 14912 S.W. 15th Street  
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE DT ☐ Delete  
NAME RAIMONDI, RAY  
STREET ADDRESS 9500 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FD 33024

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

TITLE DM ☒ Delete  
NAME RAHINSKY, MARTIN  
STREET ADDRESS 9500 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DM ☒ Change ☐ Addition  
NAME Lynn, Patrick  
STREET ADDRESS 9500 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE D ☐ Delete  
NAME BUCKNAM, WILLIAM  
STREET ADDRESS 9500 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33024

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Raimondi

Date

Daytime Phone #

1-18-00 (954) 436-3280

CR2E037 (9/99)