

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000819

1. Entity Name

THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, IN

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90032 003 \*\*\*\*61.25

Principal Place of Business

9500 PINES BOULEVARD  
PEMBROKE PINES FL 33024

Mailing Address

8362 PINES BLVD  
STE 271  
PEMBROKE PINES FL 33024  
US

00033299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7900 Johnson Street

Suite, Apt. #, etc.

3. Mailing Address

7900 Johnson Street

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

65-0701409

Applied For

Not Applicable

Zip

33024

Country

U.S.

Zip

33024

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	DPC	<input type="checkbox"/> Delete
NAME	EWING, GARY	
STREET ADDRESS	9500 PINES BOULEVARD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DV	<input type="checkbox"/> Delete
NAME	YETTO, JOSEPH	
STREET ADDRESS	9500 PINES BOULEVARD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GEDDIS, MARK	
STREET ADDRESS	14912 SW 15TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAIMONDI, RAY	
STREET ADDRESS	9500 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DM	<input type="checkbox"/> Delete
NAME	LYNN, PATRICK	
STREET ADDRESS	9500 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKNAM, WILLIAM	
STREET ADDRESS	9500 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parsons, David	
STREET ADDRESS	9500 Pines Blvd.	
CITY-ST-ZIP	Pembroke Pines FL 33024	

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:

*Raymond Raimondi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

(954) 436-3880

Date

Daytime Phone #

CR2E037 (10/00)