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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am DOCUMENT # N9700002361 **Secretary of State** 1. Entity Name 02-28-2002 90009 046 ****61.25 POLICE ATHLETIC LEAGUE OF CHARLOTTE COUNTY, INC. Principal Place of Business Mailing Address 7474 UTILITIES RD 7474 UTILITIES RD **PUNTA GORDA FL 33982 PUNTA GORDA FL 33982** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3443937 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARTER, KENNETH S 21229A OLEAN BLVD **PORT CHARLOTTE FL 33952** 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change CLEMENT, WILLIAM NAME NAME STREET ADDRESS 7474 UTILITIES RD STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33982** CITY-ST-ZIP D۷ ☐ Delete TITLE ☐ Change Addition TITLE LOFTUS, DICK NAME STREET ADDRESS 21229A OLEAN BLVD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTEE FL 33952 CITY-ST-ZIP ☐ Defete Change Addition TITLE CARTER, STEPHEN NAME STREET ADDRESS AAA TRAVEL AGENCY 21220 OLEAN BLVD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition GAZER. MARIA NAME NAME STREET ADDRESS 7474 UTILITIES RD STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33982** CITY-ST-ZIP ao ☐ Addition TITLE ☐ Delete TITLE Change FULLER, LYNN fuller Lynn NAME STREET ADDRESS 7474 UTILITIES RD STREET ADDRESS **PUNTA GORDA FL 33982** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Punta Gorda, FI 33982

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: LYDING FUICE CR.

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(941)473-3500