

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000644

1. Entity Name

RIVIERA BEACH POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

600 WEST BLUE HERON BLVD  
RIVIERA BEACH FL 33404

Mailing Address

600 WEST BLUE HERON BLVD  
RIVIERA BEACH FL 33404-4328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0831617

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLAVIN, MICHAEL A  
MCHALE & SLAVIN, P.A.  
4440 PGA BLVD., STE 402  
PALM BEACH GARDENS FL 33410

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	PD	<input type="checkbox"/> Delete
NAME	PRICE, REGINA J	
STREET ADDRESS	600 W BLUE HERON BLVD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MULVANY, THOMAS	
STREET ADDRESS	600 W BLUE HERON	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, DAVID I	
STREET ADDRESS	600 W BLUE HERON	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COPPIN, ROBERT	
STREET ADDRESS	600 W BLUE HERON	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90113 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)