

2001 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

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

65-0831617

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

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

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 PD ☐ Delete
NAME PRICE, REGINA J
STREET ADDRESS 600 W BLUE HERON BLVD
CITY-ST-ZIP RIVIERA BCH FL 33404

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

TITLE VPD ☐ Delete
NAME MULVANY, THOMAS
STREET ADDRESS 600 W BLUE HERON
CITY-ST-ZIP RIVIERA BCH FL 33404

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

TITLE TD ☐ Delete
NAME HARRIS, DAVID I
STREET ADDRESS 600 W BLUE HERON
CITY-ST-ZIP RIVIERA BCH FL 33404

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

TITLE SD ☐ Delete
NAME COPPIN, ROBERT
STREET ADDRESS 600 W BLUE HERON
CITY-ST-ZIP RIVIERA BCH FL 33404

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

[Signature]

4/26/01 561-8454163

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90272 017 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)