

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005941

1. Entity Name

THE MULTI-AGENCY POLICE OFFICERS' BALL, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90032 042 ****61.25

Principal Place of Business

Mailing Address

C/O CLARA MAYO
120 NORTH "G" STREET
LAKE WORTH FL 33460

C/O CLARA MAYO
120 NORTH "G" STREET
LAKE WORTH FL 33460-3342



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

65-0885444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYO, CLARA
120 NORTH "G" STREET
LAKE WORTH FL 33460

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

NIA

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	<input type="checkbox"/> Delete
NAME	MAYO, CLARA	
STREET ADDRESS	120 NORTH "G" STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HALL, MARK C	
STREET ADDRESS	400 DAVIS RD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORAN, CHRIS	
STREET ADDRESS	230 SUNSHINE RD	
CITY-ST-ZIP	WEST PALM BCH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IRONS, CARLA	
STREET ADDRESS	210 N. MILITARY TRAIL	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	T	<input type="checkbox"/> Delete
NAME	APICELLA, ARTHUR	
STREET ADDRESS	2100 N. FLORIDA MANGO RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ELLEN LOVEJOY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10500 N MILITARY TRAIL	
STREET ADDRESS	PALM BEACH GARDENS, FL	
CITY-ST-ZIP	33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ARTHUR P APICELLA 1/26/00 3745

Date

Daytime Phone #

CR2E037 (9/99)