

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005941

1. Entity Name

THE MULTI-AGENCY POLICE OFFICERS' BALL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0885444

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
NAME MAYO, CLARA
STREET ADDRESS 120 NORTH "G" STREET
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE VPD
NAME MORAN, CHRIS
STREET ADDRESS 230 SUNSHINE RD
CITY-ST-ZIP WEST PALM BCH FL 33411 ☐ Delete

TITLE SD
NAME IRONS, CARLA
STREET ADDRESS 210 N. MILITARY TRAIL
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE T
NAME APICELLA, ARTHUR
STREET ADDRESS 2100 N. FLORIDA MANGO RD
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE VP
NAME LOVEJOY, ELLEN
STREET ADDRESS 10500 N MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90043 017 ****61.25

914284



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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