

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90293 018 \*\*\*150.00

**DOCUMENT # P97000007433**

**1. Entity Name**  
**POLO UMPIRES INTERNATIONAL, INC.**

**Principal Place of Business**

**251 ROYAL PALM WAY, #602**  
**PALM BEACH FL 33480**

**Mailing Address**

**251 ROYAL PALM WAY, #602**  
**PALM BEACH FL 33480**

**2. Principal Place of Business**

**6900 ARBOR LAKES RD**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**SAME**  
 Suite, Apt. #, etc.

**City & State**  
**WEST Palm Beach**

**Zip** **33413** **Country** **Palm Beach**

**City & State**  
**SAME**

**Zip** **SAME** **Country**

**4. FEI Number** **65-0721074**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DE MENDOZA, MARIO G III**  
**251 ROYAL PALM WAY, STE.602**  
**PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

**Name** **KRISTIN SCOWDEN**

**Street Address (P.O. Box Number is Not Acceptable)**

**6900 ARBOR LAKES RD.**

**City** **WEST Palm Beach FL** **Zip Code** **33413**

**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** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)** ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>DE MENDOZA, MARIO G III</b> <b>251 ROYAL PALM WAY, #602</b> <b>PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>HUGHES, THOMAS E</b> <b>251 ROYAL PALM WAY, #602</b> <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVTS</b> <b>SCOWDEN, KRISTIN</b> <b>251 ROYAL PALM WAY, #602</b> <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<del><b>AS</b></del> <del><b>WILKINSON, DEBRA</b></del> <del><b>251 ROYAL PALM WAY, #602</b></del> <del><b>PALM BEACH FL 33480</b></del>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Thomas E. Hughes* **Thomas E. Hughes, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(561) 965-8615**

Daytime Phone #

CP2E034 (9/01)