

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726108

FILED  
Jan 15, 2003  
Secretary of State

Entity Name: CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 59-1475002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRELL, DAVID  
300 E BREVARD ST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARK, JOHN  
Address: 1800 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: V ( ) Delete  
Name: FERRER, ALEX  
Address: 1800 N MILLS AVE  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: PREMO, MARTIN  
Address: 1800 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: BEESON, TOM  
Address: 1800 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: ST ( ) Delete  
Name: MIVILLE, ANDY  
Address: 1800 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: HOLLINGSWORTH, PAUL  
Address: 1800 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PARK

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

01/15/2003

\_\_\_\_\_ Date