

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0018326

DOCUMENT # 744629

1. Entity Name

STUART POLICE OFFICERS ASSOCIATION, INC.



FILED

03 OCT 20 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

830 MARTIN LUTHER KING BLVD
P.O. BOX 95-3221
STUART FL 34994-2408

Mailing Address

830 MARTIN LUTHER KING BLVD
P.O. BOX 95-3221
STUART FL 34994-2408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2113178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAFF, STEVEN
830 MARTIN LUTHER KING BLVD
STUART FL 34994

7. Name and Address of New Registered Agent

Name: Jaylee Porcelli
Street Address: 830 MLK JR Blvd
City: Stuart FL 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jaylee Porcelli*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

300023313013
09/24/03--01079--007 **\$1.25

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAFF, STEVEN 830 MARTIN LUTHER BLVD STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZENELOVIC, FLAMUR 830 MARTIN LUTHER KING STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, LISA 830 MARTIN LUTHER KING, JR. BLVD STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCHANAN, HEATHER 830 MARIN LUTHER KIND, JR. BLVD STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMMINELLI, JOSEPH 830 MARTIN LUTHER KING STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, JOHN 830 MARTIN LUTHER KING STUART FL 34994	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tammy Famham 830 MLK JR Blvd Stuart FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS Joseph Tumminelli 830 MLK JR Blvd Stuart FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lisa Holmes 830 MLK JR Blvd Stuart FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Jaylee Porcelli 830 MLK JR Blvd Stuart FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George McLain 830 MLK JR Blvd Stuart FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Reddick 830 MLK JR Blvd Stuart FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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

09-10-03

772-287-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (4/03)