

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90140 035 \*\*\*\*61.25

**DOCUMENT # 765095**

1. Entity Name

**POLICE RESERVE ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1415 GLENEAGLES WAY  
 ROCKLEDGE FL 32955**

**1415 GLENEAGLES WAY  
 ROCKLEDGE FL 32955-2524**

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

**59-2761105**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**A0015266**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**PIRSON, DONALD S  
 1415 GLENEAGLES WAY  
 ROCKLEDGE FL 32955**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete

**PD  
 NAME PIRSON, DONALD S  
 STREET ADDRESS 1415 GLENEAGLES WAY  
 CITY-ST-ZIP ROCKLEDGE FL 32955**

TITLE  Delete

**VD  
 NAME LEVY, DAWN  
 STREET ADDRESS 5901-APPLECROSS STREET N.  
 CITY-ST-ZIP ST PETERSBURG FL 33709**

TITLE  Delete

**SD  
 NAME COUNTERMAN, MARTIN  
 STREET ADDRESS 22316 LARAMORE  
 CITY-ST-ZIP PORT CHARLOTTE FL 33952**

TITLE  Delete

**TD  
 NAME HALL, FRED  
 STREET ADDRESS 125 MCIVER LANE  
 CITY-ST-ZIP ROCKLEDGE FL 32955**

TITLE  Delete

**M  
 NAME LEVY, DANIEL  
 STREET ADDRESS 5901 APPLECROSS STREET N.  
 CITY-ST-ZIP ST PETERSBURG FL 33709**

TITLE  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

**SD  
 NAME OVERTON, CAROL  
 STREET ADDRESS P.O. BOX 82  
 CITY-ST-ZIP INTERLACHEN, FL. 32148**

TITLE  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

TITLE  
 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:** *Donald S. Pirson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Donald S. Pirson** **1/17/00** **321-631-442**  
 DATE DAYTIME PHONE #