

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90004 010 \*\*\*\*61.25

**DOCUMENT # N04960**

1. Entity Name

**CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCI**

Principal Place of Business

Mailing Address

2400 W 33RD ST  
 ORLANDO FL 32809  
 US

2400 W 33RD ST  
 ORLANDO FL 32839-8704  
 US

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

**59-2445513**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORRIS, CRAIG**  
**2400 W 33RD STREET**  
**ORLANDO FL 32802**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HULTGREEN, MARIAN</b> <b>2400 W 33RD STREET</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BURKETT, DOROTHY</b> <b>1345 28 TH STREET</b> <b>SANFORD FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KAY, RICHARD</b> <b>1345 28TH ST.</b> <b>SANFORD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PARSONS, KEITH</b> <b>400 SIMPSON RD</b> <b>KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CELCIS, SHARON</b> <b>6504 CARRIER DRIVE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURPHY, KAREN</b> <b>400 SIMPSON RD</b> <b>KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KEITH PARSONS</b> <b>400 SIMPSON RD.</b> <b>KISSIMMEE FL. 34744.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRAIG DORRIS</b> <b>2400 W. 33RD ST</b> <b>ORLANDO FL 32839</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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 *Craig Dorris* **CRAIG DORRIS (PRES.)** 4-24-00 407 354-3924  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)