

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001832

1. Entity Name

APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90025 010 ****70.00

Principal Place of Business

112 E. 6TH ST.
 APOPKA FL 32703

Mailing Address

112 E. 6TH ST.
 APOPKA FL 32703

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

59-3325253

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

HARSHMAN, KENNETH
 22 EAST THRUSH ST
 APOPKA FL 32712

7. Name and Address of New Registered Agent

Name: **JAMES TICE**
 Street Address (P.O. Box Number is Not Acceptable): **22 EAST THRUSH ST.**
 City: **APOPKA** FL Zip Code: **32712**

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: *James T Tice*

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

(NOTE: Registered Agent signature required when reinstating)

8-1-00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	Delete
PD	HARSHMAN, KENNETH	22 EAST THRUSH STREET	APOPKA FL 32712	<input checked="" type="checkbox"/>
SD	WATSON, TERESA	3774 PLYMOUTH-SORRENTO ROAD	PLYMOUTH FL 32768	<input checked="" type="checkbox"/>
TD	TICE, JAMES	8 W. THRUSH ST.	APOPKA FL 32712	<input checked="" type="checkbox"/>
VPD	HLINAK, EDWARD	1065 ERROL PARKWAY	APOPKA FL 32712	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	JAMES TICE	22 EAST THRUSH STREET	APOPKA, FL. 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.D.	MARILYN A. USTLER McQUEEN	11 EAST ALBATROSS STREET	APOPKA, FL. 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T.D.	EDWARD HLINAK	1065 ERROL PARKWAY	APOPKA, FL. 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	LOUIS CRUSCO	1240 GLENMORE DRIVE	APOPKA, FLORIDA 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *James T Tice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

Daytime Phone #

CR2E037 (5/00)