

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001574

1. Entity Name

THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION,

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90163 044 \*\*\*\*61.25

Principal Place of Business 2900 APALACHEE PARKWAY, ROOM A315 TALLAHASSEE FL 32399	Mailing Address 2900 APALACHEE PARKWAY, ROOM A315 TALLAHASSEE FL 32399-6552
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DO NOT WRITE IN THIS SPACE

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 <b>59-3495705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TRAMMEL, MARK R CAPT**  
**2900 APALACHEE PARKWAY, ROOM ~~A315~~ MS-51**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable):  
**NEW Room # MS-51**

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:**  
**FEES 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEFFER, STEVEN A</b> <b>4332 KINCARDINE DRIVE</b> <b>JACKSONVILLE FL 32257</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAVONE, CARMELO</b> <b>18444 SW 294TH TERRACE</b> <b>HOMESTEAD FL 33030</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRES, RALPH</b> <b>12277 AREACA DR</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DICKERSON, CARROLL W</b> <b>1551 E INTERNATIONAL SPEEDWAY BLVD</b> <b>DELAND FL 32724</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARRICK, GEORGE P</b> <b>4360 PETERS ROAD</b> <b>FT LAUDERDALE FL 33317</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLEY, DAVID A</b> <b>5130 PRESIDENTS CIRCLE</b> <b>MARIANNA FL 32446</b>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *RALPH TORRES, C.F.O.* **2/7/00** **(351) 793-9563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)