

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002404

1. Entity Name

BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90139 027 ****61.25

Principal Place of Business

700 PARK AVENUE
TITUSVILLE FL 32780

Mailing Address

700 PARK AVENUE
TITUSVILLE FL 32780-4015

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3441257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, PARTICK
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERYL ALLAWAS 700 PARK AVENUE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUZZ PETROS 700 PARK AVENUE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUBIAK, LINDA 700 PARK AVENUE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOTCHER, LINDA 700 PARK AVENUE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARRELL HIBBS 700 PARK AVENUE TITUSVILLE FL 32780	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR PAUL RING 700 PARK AVE TITUSVILLE, FL 32780	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL SCULLY 700 PARK AVE TITUSVILLE, FL 32780	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR PAUL RING 700 PARK AVE TITUSVILLE, FL 32780	☐ Change ☒ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #