## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N9700002404 BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC 04-24-2001 90340 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 700 PARK AVENUE 700 PARK AVENUE TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3441257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDERSON, PARTICK 930 S. HARBOR CITY BOULEVARD SUITE 505 City Zip Code MELBOURNE FL 32901 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Change ☐ Addition CR2E037 (10/00 TITLE Delete NAME MERYL ALLAWAS NAME STREET ADDRESS 700 PARK AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **BUZZ PETSOS** NAME STREET ADDRESS STREET ADDRESS 700 PARK AVENUE CITY-ST-7IF CITY-ST-7IP TITUSVILLE FL 32780 Change ☐ Addition TITLE ۷D ☐ Delete TITLE NAME KUBIAK, LINDA NAME STREET ADDRESS STREET ADDRESS 700 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Change Addition SD ☐ Delete TITLE TITLE NAME GOTCHER, LINDA NAME STREET ADDRESS STREET ADDRESS 700 PARK AVENUE CITY-ST-7IP CITY-ST-ZIP TITUSVILLE FL 32780 Change ☐ Addition TITLE TD ☐ Delete TITLE SCULLY, MICHAEL NAME NAME STREET ADDRESS 700 PARK AVENUE STREET ADDRESS

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 with an address changed, or on an attack with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME TITUSVILLE FL 32780

TITUSVILLE FL 32780

RING, PAUL

700 PARK AVE

WU SIGNATURE AND PAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

□ Change

Addition