

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90004 016 ****61.25

DOCUMENT # N97000004577

1. Entity Name

CIVILIAN VOLUNTEERS ASSISTING POLICE, INC.

Principal Place of Business

Mailing Address

411 N. FRANKLIN STREET
 TAMPA, FL 33602

411 N. FRANKLIN STREET
 TAMPA FL 33602

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

31-1562135

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

JACKSON WATERS, CULLEN SR.
TAMPA POLICE DEPARTMENT
1710 N. TAMPA ST. R.I.U.
TAMPA FL 33602

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	D	<input type="checkbox"/> Delete
NAME	BERRY, JOAN	
STREET ADDRESS	4202 BEACHWAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLETON, ROBERT	
STREET ADDRESS	3301 BAYSHORE BLVD #1804	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STALEY, ROBERT	
STREET ADDRESS	225-27TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, BONNIE	
STREET ADDRESS	29235 BAYHEAD RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOTO, DAISY A	
STREET ADDRESS	3401 HEITER	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, CULLEN J	
STREET ADDRESS	411 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* 1/28/02 (813) 278-3201

CR2E037 (9/01)