

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90064 012 ****61.25

DOCUMENT # N98000000425

1. Entity Name

INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC

Principal Place of Business

Mailing Address

940 DOUGLAS AVE.
 #196
 ALTOMONTE SPRINGS FL 32714

940 DOUGLAS AVE.
 #196
 ALTOMONTE SPRINGS FL 32714

111109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10255 SW 82ND CT

10255 SW 82ND CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3129798

Applied For

Not Applicable

Zip

34481

Country

USA

Zip

34481

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'KEEFE, JAMES
 940 DOUGLAS AVE. #196
 ALTOMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: JOHN R NABET
 Street Address (P.O. Box Number is Not Acceptable): 10255 SW 82ND CT
 City: Ocala FL Zip Code: 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

JOHN R. NABET

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

(NOTE: Registered agent signature required when reinstating)

DATE

2/7/01

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 BROWN, BRUCE 4314 HAMMERSMITH DR. CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLINCOCK, VINCENT 6818 BITTERSWEET LANE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNAB, ROYAL 612 LAKE SPUR LANE ALTOMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'KEEFE, JAMES 940 DOUGLAS AVE. #196 ALTOMONTE SPRINGS SL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOCK, BRUNO 5872 PORKVIEW POINT DR. ORLANDO FL 32821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, THOMAS 1508 SILVER FIRST CIRCLE APOPKA FL 32712	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NABET JOHN R 10255 SW 82ND CT. OCALA FL 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN R NABET

Date

Daytime Phone #

020701 873-3913

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