

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

07-27-2001 90002 048 \*\*\*\*61.25

7/2  
7/1

**DOCUMENT # N99000002370**

1. Entity Name  
**SOUTH BAY COMMUNITY CRIME WATCH, INC.**

Principal Place of Business Mailing Address  
**SOUTH BAY POLICE DEPARTMENT** **SOUTH BAY POLICE DEPARTMENT**  
**335 SW 2ND AVENUE** **335 SW 2ND AVENUE**  
**SOUTH BAY FL 33493** **SOUTH BAY FL 33493**

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 **APPLIED FOR** Applied For  
~~59-600459~~ Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE  
**65-1135787**

6. Name and Address of Current Registered Agent  
**JONES, DANNY D**  
**SOUTH BAY POLICE DEPARTMENT**  
**335 SW 2ND AVENUE**  
**SOUTH BAY FL 33493**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JONES, DANNY D</b> <b>335 SW 2ND AVENUE</b> <b>SOUTH BAY FL 33493</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GRANDE, ROBERT J</b> <b>335 SW 2ND AVE</b> <b>SOUTH BAY FL 33493</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GODWIN, MARY</b> <b>335 SW 2ND AVE</b> <b>SOUTH BAY FL 33493</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 [Signature]** Date: **07/10/2001**

CR2037 (5/01)

Attachment 12637 #N99600002370

Form **SS-4**

**Application for Employer Identification Number**

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 65-1135787

OMB No. 1545-0003

► Keep 3 copy for your records.

**1** Name of applicant (legal name) (see instructions)  
**South Bay Community Crime Watch, Inc.**

**2** Trade name of business (if different from name on line 1)  
**South Bay Community Crime Watch, Inc.**

**3** Executor, trustee, "care of" name

**4a** Mailing address (street address) (room, apt., or suite no.)  
**335 S.W. 2 Av.**

**5a** Business address (if different from address on lines 4a and 4b)  
**same**

**4b** City, state, and ZIP code  
**South Bay, Fl. 33493**

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
**Palm Beach County**

**7** Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►  
**Danny D. Jones**

**8a** Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_  Estate (SSN of decedent) \_\_\_\_\_

Partnership  Personal service corp.  Plan administrator (SSN) \_\_\_\_\_

REMIC  National Guard  Other corporation (specify) ► \_\_\_\_\_

State/local government  Farmers' cooperative  Trust

Church or church-controlled organization  Federal government/military

Other nonprofit organization (specify) ► **South Bay Public Safety** GEN if applicable) \_\_\_\_\_

Other (specify) ► \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
<b>Fl.</b>	<b>N/A</b>

**9** Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ► \_\_\_\_\_

Banking purpose (specify purpose) ► \_\_\_\_\_

Changed type of organization (specify new type) ► \_\_\_\_\_

Purchased going business

Created a trust (specify type) ► \_\_\_\_\_

Other (specify) ► \_\_\_\_\_

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ► \_\_\_\_\_

**10** Date business started or acquired (month, day, year) (see instructions)  
**09-10-01**

**11** Closing month of accounting year (see instructions)  
**September 30**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► **N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

**14** Principal activity (see instructions) ► **Fund Raiser**

**15** Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ► \_\_\_\_\_

**16** To whom are most of the products or services sold? Please check one box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ► \_\_\_\_\_

**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► **N/A** Trade name ► \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN  
**N/A** \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
**561-996-6530**

Fax telephone number (include area code)  
**561-996-3001**

Name and title (Please type or print clearly.) ► **Danny D. Jones, President**

Signature ► *Danny D. Jones* Date ► **09/10/2001**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying