

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/2000 10:00 AM

DOCUMENT # N99000004238

1. Entity Name: **SEMINOLE COUNTYWATCH, INC.**

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90082 027 ****61.25

Principal Place of Business
1917 BLOSSOM LANE
MAITLAND FL 32751-3538

Mailing Address
1917 BLOSSOM LANE
MAITLAND FL 32751-3538

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

59-3634570

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

ELAM, DOUGLAS
1917 BLOSSOM LANE
MAITLAND FL 32751-3538

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 DAVID MCCOY

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

(NOTE: Registered Agent signature required when reinstating)

4-17-00

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 CD
NAME ELAM, DOUGLAS
STREET ADDRESS 1917 BLOSSOM LANE
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME MALOY, HUGH
STREET ADDRESS 1950 BROOKS LANE
CITY-ST-ZIP OVEIDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PATTEN, TERRY
STREET ADDRESS 845 BENCHWOOD COURT
CITY-ST-ZIP WINTER SPRINGS FL ☒ Delete

TITLE TD
NAME DAVID MCCOY
STREET ADDRESS 1903 BROOKS LA
CITY-ST-ZIP OVEIDO, FL 32765 ☒ Change ☐ Addition

TITLE SD
NAME SWEETING, LURLENE
STREET ADDRESS 400 PINE AVENUE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: DAVID MCCOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Daytime Phone #

CR2E037 (9/99)