

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002370

1. Entity Name

SOUTH BAY COMMUNITY CRIME WATCH, INC.

Principal Place of Business

SOUTH BAY POLICE DEPARTMENT
335 SW 2ND AVENUE
SOUTH BAY FL 33493

Mailing Address

SOUTH BAY POLICE DEPARTMENT
335 SW 2ND AVENUE
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

6. Name and Address of Current Registered Agent

4. FEI Number

65-1135787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

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

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

(NOTE: Registered Agent signature required when relocating)

DATE

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 PD
NAME JONES, DANNY D
STREET ADDRESS 335 SW 2ND AVENUE
CITY-STATE-ZIP SOUTH BAY FL 33493

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME GRANDE, ROBERT J
STREET ADDRESS 335 SW 2ND AVE
CITY-STATE-ZIP SOUTH BAY FL 33493

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D
NAME GODWIN, MARY
STREET ADDRESS 335 SW 2ND AVE
CITY-STATE-ZIP SOUTH BAY FL 33493

☐ Delete

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CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/10/2001

7/2

7/

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

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



DO NOT WRITE IN THIS SPACE

65-1135787

59-600459

CR2037 (5/01)

Attachment 12637 #N99000002370

Form **SS-4**

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

Application for Employer Identification Number

(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.

Please type or print clearly.

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.

4a Mailing address (street address) (room, apt., or suite no.)

335 S.W. 2 Av.

4b City, state, and ZIP code

South Bay, FL 33493

6 County and state where principal business is located

Palm Beach County

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

Danny D. Jones

3 Executor, trustee, "care of" name

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

same

5b City, state, and ZIP code

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)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

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

☐ Other (specify) ►

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

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

State
FL.

Foreign country
N/A

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

☒ Started new business (specify type) ►

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

☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

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
0

Agricultural
0

Household
0

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

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ►

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)

☐ Other (specify) ►

☐ Business (wholesale)

☐ N/A

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

N/A

Previous EIN

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 ►

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