

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712649

1. Entity Name

CASSELBERRY POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

4195 S US HWY 17-92
CASSELBERRY FL 32707
US

Mailing Address

4195 S US HWY 17-92
CASSELBERRY FLA 32707-3241
US

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

59-2506989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELL, ROSEMARIE
4195 S US HWY 17-92
CASSELBERRY FL FL 32707

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

ROSEMARIE PELL
4195 S US HWY 17-92
CASSELBERRY FL FL 32707

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 NAME	PD PELL, ROSEMARIE	<input type="checkbox"/> Delete
STREET ADDRESS	4195 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	VP PLEASANTS, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	4195 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	ST WARREN, KATHY	<input type="checkbox"/> Delete
STREET ADDRESS	4195 S. US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	T WOOD, SAMATHA	<input type="checkbox"/> Delete
STREET ADDRESS	4195 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	T POST, JIMMIY	<input type="checkbox"/> Delete
STREET ADDRESS	4195 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	T STEWART, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	4195 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	

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

ROSEMARIE PELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 MAR 2000

Date

407-262-7616

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90217 018 ****61.25