

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90202 005 ****61.25

DOCUMENT # 712649

1. Entity Name

CASSELBERRY POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4195 S US HWY 17-92
 CASSELBERRY FL 32707
 US

4195 S US HWY 17-92
 CASSELBERRY FL 32707
 US

004145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2506989

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Scott Pleasants**
 Street Address (P.O. Box Number is Not Acceptable)

4195 S. US Hwy 17-92

City **Casselberry** FL Zip Code **32707**

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 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 ☐ Delete
 NAME PD
 STREET ADDRESS PELL, ROSEMARIE
 CITY-ST-ZIP 4195 S US HWY 17-92
 CASSELBERRY FL 32707

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS PLEASANTS, SCOTT
 CITY-ST-ZIP 4195 S US HWY 17-92
 CASSELBERRY FL 32707

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS WARREN, KATHY
 CITY-ST-ZIP 4195 S. US HWY 17-92
 CASSELBERRY FL 32707

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS WOOD, SAMATHA
 CITY-ST-ZIP 4195 S US HWY 17-92
 CASSELBERRY FL 32707

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

TITLE ☒ Delete
 NAME T
 STREET ADDRESS POST, JIMMIY
 CITY-ST-ZIP 4195 S US HWY 17-92
 CASSELBERRY FL 32707

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS STEWART, DENNIS
 CITY-ST-ZIP 4195 S US HWY 17-92
 CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
 NAME
 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

4 MAR 29 402-262-7616
 Date Daytime Phone #

CR2E037 (9/01)