

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/01-9

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-13-2001 90053 022 ****61.25

DOCUMENT # 712789

1. Entity Name

NATIONAL ASSOCIATION OF CHIEFS OF POLICE, INC.

Principal Place of Business

3801 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

3801 BISCAYNE BLVD
MIAMI FL 33137

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

59-1164090

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ARENBERG, GERALD S.
3801 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

D.B. VAN BRODE

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 re-instating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	☐ Delete
NAME	VAN BRODE, D B IV	
STREET ADDRESS	3801 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	☐ Delete
NAME	SHEPHERD, DONNA	
STREET ADDRESS	3801 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	☒ Delete
NAME	ARENBERG, GERALD S	
STREET ADDRESS	3801 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	☐ Delete
NAME	GEORGE H VILLEUMIER JR	
STREET ADDRESS	3801 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	☐ Delete
NAME	DEBRA K. CHITWOOD	
STREET ADDRESS	3801 Biscayne Blvd.	
CITY-ST-ZIP	Miami FL 33137	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

D.B. VAN BRODE IV

1.5.01

305 573.0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)