

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726108

1. Entity Name

CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90064 044 ****61.25

Principal Place of Business

Mailing Address

1800 NORTH MILLS AVENUE
ORLANDO FL 32803
US

1800 NORTH MILLS AVENUE
ORLANDO FL 32803-1854
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1475002

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

PARMENTER, ROBERT A. JR.
1800 N. MILLS AVENUE
ORLANDO FL 32803

Name Andrew Welch

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

1800 North Mills Avenue

City Orlando

FL

Zip Code 32803

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	PD	<input type="checkbox"/> Delete
NAME	PARMENTER, ROBERT A. JR.	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELCH, ANDREW	
STREET ADDRESS	1800 N MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 00000 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARANDREAM KIM	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BEESON, TOM	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 00000 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYENS, EDWARD C.	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARAH, RICHARD	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew A. Welch, Jr.	
STREET ADDRESS	1300 N. Mills Avenue	
CITY-ST-ZIP	Orlando, Florida 32803	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward C. Boyens, Jr.	
STREET ADDRESS	---SAME AS ABOVE---	
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Marah	
STREET ADDRESS	---SAME AS ABOVE---	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Daley	
STREET ADDRESS	---SAME AS ABOVE---	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Martos	
STREET ADDRESS	---SAME AS ABOVE---	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)