

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 726108**

1. Entity Name

**CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION, IN**

Principal Place of Business

**1800 NORTH MILLS AVENUE  
ORLANDO FL 32803  
US**

Mailing Address

**1800 NORTH MILLS AVENUE  
ORLANDO FL 32803  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1475002**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WELCH, ANDREW  
1800 N. MILLS AVENUE  
ORLANDO FL 32803**

Name

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

City

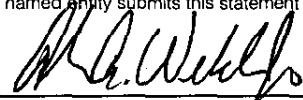
**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**Andrew A. Welch, Jr.****01/19/01**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, ANDREW A JR</b>	
STREET ADDRESS	<b>1800 N. MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOYENS, EDWARD C JR</b>	
STREET ADDRESS	<b>1800 N MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARAH, RICHARD</b>	
STREET ADDRESS	<b>1800 N. MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BEESON, TOM</b>	
STREET ADDRESS	<b>1800 N. MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000 32803</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DALEY, DIANE</b>	
STREET ADDRESS	<b>1800 N. MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTOS, JORGE</b>	
STREET ADDRESS	<b>1800 N. MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 REQUIRED****Andrew A. Welch, Jr. 01/19/01 407-898-0456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90016 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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