

2002 UNIFORM BUSINESS REPORT (UBR)

4/9/

FILED
May 12, 2002 8:00 am
Secretary of State

04-09-2002 90073 023 ****61.25

DOCUMENT # 726108

1. Entity Name

CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1800 NORTH MILLS AVENUE
 ORLANDO FL 32803
 US

1800 NORTH MILLS AVENUE
 ORLANDO FL 32803
 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

59-1475002

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

WELCH, ANDREW
 1800 N. MILLS AVENUE
 ORLANDO FL 32803

Name **David Murrell**

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

300 East Brevards Street

City

Tallahassee

FL

Zip Code
 32301

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 **David Murrell, Executive Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

David Murrell 3-29-02

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	P	<input checked="" type="checkbox"/> Delete
NAME	WELCH, ANDREW A JR	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOYENS, EDWARD C JR	
STREET ADDRESS	1300 N MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARAH, RICHARD	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BEESON, TOM	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 00000 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALEY, DIANE	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTOS, JORGE	
STREET ADDRESS	1800 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Park	
STREET ADDRESS	1800 N. Mills Avenue	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex Ferrer	
STREET ADDRESS	1800 N Mills Ave, Orlando, FL 32803	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Premo	
STREET ADDRESS	1800 N. Mills Avenue	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Miville	
STREET ADDRESS	1800 N. Millsa Avenue	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Hollingsworth	
STREET ADDRESS	1800 N. Mills Avenue	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Beeson	
STREET ADDRESS	1800 N. Mills Avenue	
CITY-ST-ZIP	Orlando, FL 32803	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/02

Date

(407) 383-5205

Daytime Phone #

CR2E037 (9/01)