

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90091 008 ****70.00

0008980

DOCUMENT # 727062

1. Entity Name

BREVARD COUNTY POLICE BENEVOLENT ASSOCIATION, IN

Principal Place of Business

**1660 TOMOKA FARMS ROAD
DAYTONA BEACH FL 32124
US**

Mailing Address

**1660 TOMOKA FARMS ROAD
DAYTONA BEACH FL 32124
US****80007393**

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

59-1713854

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

Name

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

City

FL

Zip Code

**MCGUIRE, PATRICK L JR
1660 TOMOKA FARMS ROAD
DAYTONA FL 32124**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMPION, VINCENT L	
STREET ADDRESS	1660 TOMOKA FARMS ROAD	
CITY-ST-ZIP	DAYTONA FL 32124	

TITLE	VD	<input type="checkbox"/> Delete
NAME	STUART, JEFFREY	
STREET ADDRESS	1660 TOMOKA FARMS ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	

TITLE	DD	<input type="checkbox"/> Delete
NAME	MCGUIRE, PATRICK L JR.	
STREET ADDRESS	1660 TOMOKA FARMS ROAD	
CITY-ST-ZIP	DAYTONA FL 32124	

TITLE	STD	<input type="checkbox"/> Delete
NAME	BLAIS, GILLES	
STREET ADDRESS	1660 TOMOKA FARMS ROAD	
CITY-ST-ZIP	DAYTONA FL 32124	

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

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

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		

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

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)(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

Patrick L. McGuire, Jr. 01/10/01 (904) 258-7579

CR2E037 (10/00)