

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732670

1. Entity Name

VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORP

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90073 044 \*\*\*\*61.25

Principal Place of Business <b>440 S BEACH ST VOLUSIA CO BEACH PATROL DAYTONA BCH FL 32114 US</b>	Mailing Address <b>440 S BEACH ST VOLUSIA CO BEACH PATROL DAYTONA BCH FL 32114-5004 US</b>
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2. Principal Place of Business <b>Ponce Inlet Police Dept.</b>	3. Mailing Address <b>Ponce Inlet Police Dept.</b>
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Suite, Apt. #, etc. <b>4680 S. Peninsula Dr.</b>	Suite, Apt. #, etc. <b>4680 S. Peninsula Dr.</b>
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City & State <b>Ponce Inlet, FL</b>	City & State <b>Ponce Inlet, FL</b>
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Zip <b>32127</b>	Country <b>USA</b>	Zip <b>32127</b>	Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SWEAT, K C 440 S BEACH ST DAYTONA BCH FL 32114</b>	7. Name and Address of New Registered Agent Name <b>same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRIM, BOB 700 CATALINA DR DAYTONA BCH FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WALKER, L 1065 RIDGEWOOD AVE HOLLY HILL FL 32117</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Dembinsky, S 3050 S. Atlantic Avenue Daytona Beach Shores, FL 32118</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SWEAT, K C 440 S BEACH ST DAYTONA BCH FL 32114</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Thomas, Steve 4680 S. Peninsula Drive Ponce Inlet, FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **KEVIN C SWEAT** **3/30/00** **904-239-6414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)