

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90085 008 \*\*\*\*70.00

**DOCUMENT # 732670**

1. Entity Name

**VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORPORATED**



Principal Place of Business

**PONCE INLET POLICE DPT  
4680 S. PENINSULA DR  
PONCE INLET FL 32127  
US**

Mailing Address

**PONCE INLET POLICE DPT  
4680 S. PENINSULA DR  
PONCE INLET FL 32127  
US**

**DUPLICATE**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, SR  
4680 S PENINSULA DRIVE  
PONCE INLET FL 32127**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD GRIM, BOB</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>700 CATALINA DR</b>	
CITY-ST-ZIP	<b>DAYTONA BCH FL 32114</b>	
TITLE NAME	<b>VD DEMBINSKY, S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3050 S. ATLANTIC AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE NAME	<b>STD THOMAS, STEVE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4680 S. PENINSULA DRIVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32127</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>PD MATHIESON, LARRY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>170 W. GRANADA BLVD.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

**1/7/03 (386) 322-6700**

CR2E037 (10/02)