## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 758804 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name THE POLK COUNTY POLICE CHIEFS ASSOCIATION, INC. 04-17-2000 90119 021 \*\*\*\*61.25 Mailing Address Principal Place of Business 2 NORTH LAKE REEDY BLVD. 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843 FROSTPROOF FL 33843-2114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2969479 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 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) BYRD, CHIEF J. NEAL 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: 1 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD XX Change ☐ Addition **XX**Delete TITLE TITLE WHEELER, TOM NAME Romine, C. David NAME STREET ADDRESS STREET ADDRESS 551 Third Street, Northeast 502 E. HINSON AVE CITY-ST-ZIP Winter Haven, F1. 33881 CITY-ST-ZIP HAINES CITY FL 33845 XX Change Addition ☐ Delete TITLE TITLE NAME Sandvik, Erik ROMINE, DAVID C NAME STREET ADDRESS 450 North Broadway STREET ADDRESS 551 THIRD ST. NW CITY-ST-ZIP Bartow, F1. 33830 CITY-ST-ZIP WINTER HAVEN FL 33881 STD ☐ Change Addition TITLE STD ☐ Delete TITLE Byrd, J. Neal NAME NAME BYRD. J. NEAL STREET ADDRESS 2 North Lake Reedy Blvd. STREET ADDRESS 2 NORTH LAKE REEDY BLVD. Frostproof, Fl. 33843 CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL 33843 XX Change ☐ Addition XX Delete TITLE TITLE NAME Sullivan, J. R. NAME ROBINSON, H. B. 75 North Seventh Street STREET ADDRESS STREET ADDRESS POST OFFICE BOX 125 N/A CITY-ST-ZIP Eagle Lake, Fl. 33839 CITY-ST-7IP DAVENPORT FL 33837 XX Change ☐ Addition **X** Delete TITLE HOLLAND, ROY E NAME LeVine, Mark E. NAME 133 E. Tillman Avenue STREET ADDRESS STREET ADDRESS **PO BOX 100** CITY-ST-ZIP Lake Wales, F1. 33853 CITY-ST-ZIP **DUNDEE FL** ☐ Addition XX Change TITLE <del>√x</del> Delete TITLE NAME BACA, SAM V Heathcote, I. W. STREET ADDRESS 15 Northwest First Street STREET ADDRESS 219 MASSACHUSETTS AVE CITY-ST-ZIP Ft. Meade, Fl. 33841 LAKELAND FL 33801

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:

SCHOOL DESCRIPTION BY TO SIGNATURE OF SIGNATURE OF DIRECTOR

04/10/2000

(863) 635-7849

Daytime Phone #

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