

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90388 032 ****61.25

DOCUMENT # 758804

1. Entity Name

THE POLK COUNTY POLICE CHIEFS ASSOCIATION, INC.



22000069



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**75 N. 7TH ST
EAGLE LAKE FL 33839**

Mailing Address

**P.O. BOX 129
EAGLE LAKE FL 33839**

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 **59-2969479**

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

**SULLIVAN, J R
75 N 7TH ST
P.O. BOX 129
EAGLE LAKE FL 33839**

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 STREET ADDRESS CITY-ST-ZIP	PD LEVINE, MARK 133 EAST TILLMAN AVE. LAKE WALES FL 33853	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAMOND, CLIFFORD 219 MASSACHUSETTS AVE. LAKELAND FL 33801	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLIVAN, J R 75 N. 7TH ST EAGLE LAKE FL 33839	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATHCOTE, I W 15 NW 1ST ST FORT MEADE FL 33841	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, WILLIAM F 106 CENTER ST DUNDEE FL 33838	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BYRD, NEAL 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAMOND, CLIFFORD 219 MASSACHUSETTS AVE. LAKELAND, FL 33801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKLAND, DARRELL 551 THIRD ST NORTHWEST WINTER HAVEN, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANDVIK, ERIK 450 N. BROADWAY AV BARTOW, FL 33830	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **CLIFFORD DIAMOND** PRESIDENT

1-28-03

(863) 293-5677

CR2E037 (10/02)