

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

DOCUMENT # 765095

1. Entity Name

POLICE RESERVE ASSOCIATION OF FLORIDA,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3348 NORTHBROOKE LANE

Suite, Apt. #, etc.

3. Mailing Address

3348 NORTHBROOKE LANE

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

FLORIDA

Zip

32309

Country

US

Zip

32309

Country

US

4. FEI Number

59-2761105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN A. CHIPLEY

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

3348 NORTHBROOKE LANE

City

TALLAHASSEE

FL

Zip Code

32309

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IN THIS SPACE**

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

John A. Chipley, President

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-03

FEE IS \$61.25
Initial or Amended UBR

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
NAME	JOHN A. CHIPLEY
STREET ADDRESS	3348 NORTHBROOKE LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VD
NAME	DAWN LEVY
STREET ADDRESS	5901 APPLECROSS STREET N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	SD
NAME	JONATHAN W. MILTON
STREET ADDRESS	3808 S.E. LOWER STREET
CITY-ST-ZIP	STUART, FL 34997
TITLE	TD
NAME	FRED HALL
STREET ADDRESS	125 MCIVER LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Chipley JOHN A. CHIPLEY

6-10-03

850-980-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037B (12/01)