2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90061 041 ****61.25

DOCUMENT # 769827

1. Entity Name

FLORIDA POLICE CHIEFS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2629 MITCHAM DRIVE STE A TALLAHASSEE FL 32308 US	924 N Gadsden St, P.O. BOX 14038 TALLAHASSEE FL 32317-4038 Tallahassee, Fl 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
924 N Gadsden St.	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl	City & State: Fl
Zip: 32303 Country: U.S.A.	Zip: Country:

4. FEI Number: 59-6137290 ☐ 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
ROBBINS, HAROLD M. JR. 2300 CENTERVILLE ROAD TALLAHASSEE FL 32308	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 924 N Gadsden St. City: Tallahassee FL Zip Code: 32303

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	PD GABBARD, JAMES 1055 20TH ST VERO BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARIGO, Roy 2801 Coral Springs DR. Coral Springs, Fl 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GROSSER, GARY 16000 CHAMBERLAIN PARKWAY, SE FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Isom, James SR. 506 W Berckman St. Eruitland Park, Fl 34731	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEARY, RICHARD 235 RINEHEART RD LAKE MARY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHANDLER, KEITH 650 N APOLLO BLVD MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COTE, LIONEL A 510 CINNAMON DRIVE SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, NORBERT 201 E. MAIN STREET TAVARES FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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] Harold M. Robbins Jr. 850 2193631 5/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #