

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001315

1. Entity Name

CEDAR GROVE POLICE AUXILIARY, INC.

FILED

May 12, 2002 8:00 am
Secretary of State

05-12-2002 90604 047 ****61.25

Principal Place of Business

Mailing Address

~~2728 EAST 14TH STREET~~
~~CEDAR GROVE FL 32405~~

~~2728 EAST 14TH STREET~~
~~CEDAR GROVE FL 32405~~

2. Principal Place of Business

1415 Baker Court

3. Mailing Address

1415 Baker Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

4. FEI Number

59-3639128

Applied For

Not Applicable

Zip

Country

32401

USA

Zip

Country

32401

USA

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

HILL, R. MICHAEL

1415 BAKER COURT

PANAMA CITY FL 32401

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.

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 ☒ Delete
NAME PEEL, H. JACOBY
STREET ADDRESS 1510 SHERMAN AVENUE
CITY-ST-ZIP CEDAR GROVE FL 32405

TITLE ☒ Change ☐ Addition
NAME President/Director
R. Michael Hill
STREET ADDRESS 1415 Baker Court
CITY-ST-ZIP Panama City, Florida 32401

TITLE ☒ Delete
NAME SMITH, PETE R
STREET ADDRESS 1700 WEST 16TH STREET
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☒ Change ☐ Addition
NAME Director
John R. Ferrick
STREET ADDRESS 506 David Avenue
CITY-ST-ZIP Panama City, Florida 32401

TITLE ☒ Delete
NAME SWEARINGEN, JERRY
STREET ADDRESS 2824 HYDE AVENUE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☒ Change ☐ Addition
NAME Director
Ruth Fuqua
STREET ADDRESS 10202 Davenport Avenue
CITY-ST-ZIP Youngstown, Florida 32456

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)