

2002 UNIFORM BUSINESS REPORT (UBR)

0005117

DOCUMENT # N00000003866

1. Entity Name

**SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION OF
FLORIDA, INC.**

Principal Place of Business

**300 E BREVARD ST
TALLAHASSEE FL 32301**

Mailing Address

**300 E BREVARD ST
TALLAHASSEE FL 32301**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MURRELL, DAVID
300 E BREVARD ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FILED

02 APR 24 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

David Murrell

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

TITLE **PD** ☐ Delete
NAME **MURRELL, DAVID**
STREET ADDRESS **300 E BREVARD ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VPD** ☐ Delete
NAME **KOLODGY, RICK**
STREET ADDRESS **300 E BREVARD ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **STD** ☐ Delete
NAME **MILMAN, ERIK**
STREET ADDRESS **300 E BREVARD ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
NAME **SPEARING, JIM**
STREET ADDRESS **300 E BREVARD ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

David Murrell

4-22-02

CR2E037 (9/01)