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

## Jan 13, 2003 8:00 am Secretary of State DOCUMENT # N0000008391 1. Entity Name 01-13-2003 90107 027 \*\*\*\*61 25 CRIME WATCH COALITION, INC. Principal Place of Business Mailing Address 12809 HONEYBROOK DRIVE 12809 HONEYBROOK DRIVE HUDSON FL 34669 HUDSON FL 34669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3692681 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLOTTA, JOSEPH NAME STREET ADDRESS 12809 HONEYBROOK DRIVE STREET ADDRESS CITY-ST-ZIP HUDSON FL 34669 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition LADIMIR, MARIANNE NAME STREET ADDRESS 12809 HONEYBROOK DRIVE STREET ADDRESS CITY-ST-ZIP HUDSON FL 34669 CITY-ST-ZIP TITLE Delete Change Addition MONROE, BILL NAME NAME STREET ADDRESS 12800 HONEYBROOK DR STREET ADDRESS CITY-ST-ZIP HUDSON FL 34669 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

**FILED** 

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP