

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002490

1. Entity Name

CIRCUIT AGAINST PRISON ESCAPEES, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90714 049 ****70.00

Principal Place of Business

Mailing Address

11273 LISA DR.
GLEN ST. MARY FL 32040

P. O. BOX 81
GLEN ST. MARY FL 32040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

BUCKREM, DIANNA M
11273 LISA DR.
GLEN ST. MARY FL 32040

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 PD ☐ Delete
NAME BUCKREM, FRANZ
STREET ADDRESS P. O. BOX 221-E2-102
CITY-ST-ZIP RAIFORD FL 32083

TITLE ☒ Change ☐ Addition
NAME FRANZ P. Buckrem #049061 E2-1021
STREET ADDRESS 7819 N.W. 228th Street
CITY-ST-ZIP RAIFORD, FL 32026-4150

TITLE VD ☐ Delete
NAME BUCKREM, DIANNA M
STREET ADDRESS 11273 LISA DR.
CITY-ST-ZIP GLEN ST. MARY FL 32040

TITLE ☐ Change ☒ Addition
NAME V/D I S T
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARSHALL, MABLE
STREET ADDRESS 7956 JOHNS DR.
CITY-ST-ZIP SNEADS FL 32460

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
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TITLE ☐ Delete
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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: DIANNA M BUCKREM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-02

Date

(904) 259-1119

Daytime Phone #

CR2E037 (9/01)