

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

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90181 017 \*\*\*\*61.25

003297

**DOCUMENT # N01000002490**

1. Entity Name

**CIRCUIT AGAINST PRISON ESCAPEES, INC.**



Principal Place of Business

**11273 LISA DR.  
GLEN ST. MARY FL 32040**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VDST** ☐ Delete  
NAME **BUCKREM, FRANZ**  
STREET ADDRESS **7819 NW 228TH STREET**  
CITY-ST-ZIP **RAIFORD FL 32026-4150**

TITLE **President & Director** ☒ Change ☐ Addition  
NAME **Correction**

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

TITLE **Secretary/Treasurer & Director** ☒ Change ☒ Addition  
NAME **& Vice**

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  
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:

*DIANNA M BUCKREM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/03

904-259-1119

Date

Daytime Phone #

CR2E037 (10/02)