

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-24-2003 90156 015 *****61.25

DOCUMENT # N02000001097

1. Entity Name

**PASCO COUNTY SHERIFF'S LAW ENFORCEMENT CITIZEN A
CADEMY ALUMNI ASSOCIATION, INC.**



Principal Place of Business
8700 CITIZENS DR.
NEW PORT RICHEY FL 34654

Mailing Address
8700 CITIZENS DR.
NEW PORT RICHEY FL 34654

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

03-0382443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEDE, DAN
8700 CITIZENS DR.
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

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

TITLE **P** ☒ Delete
NAME **PURKISS, DON**
STREET ADDRESS **8015 LOTUS DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **V** ☒ Delete
NAME **KLEVERS, ERICA**
STREET ADDRESS **4401 PLAZA DR.**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **S** ☒ Delete
NAME **ROBINSON, NELLIE**
STREET ADDRESS **7024 OAKSHIRE DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **T/D** ☐ Delete
NAME **MCCONNELL, FRANK**
STREET ADDRESS **8904 BARN OWL CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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 **P/D** ☒ Change ☐ Addition
NAME **PHILAN PATRICK**
STREET ADDRESS **1803 BROADLEAF CT.**
CITY-ST-ZIP **TRUSTEE FL 34655-4910**

TITLE **V/D** ☒ Change ☐ Addition
NAME **DALVIN HARRY**
STREET ADDRESS **2938 BELLINGHAM DR**
CITY-ST-ZIP **LAND-O-LAKES FL**

TITLE **S/D** ☒ Change ☐ Addition
NAME **GRIMES, BARBARA**
STREET ADDRESS **12846 OAK SG.**
CITY-ST-ZIP **SAN ANTONIO FL**

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)