

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08804

1. Entity Name

FLORIDA HIGHWAY PATROL RETIRED PERSONNEL ASSOCIA

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90081 014 ****61.25

Principal Place of Business

Mailing Address

% FRANCIS B. TWITTY
5122 TALLOW WOOD CT.
ORLANDO FL 32808

% FRANCIS B. TWITTY
5122 TALLOW WOOD CT.
ORLANDO FL 32808-1743

2. Principal Place of Business

4847 Heathe Drive

Suite, Apt. #, etc.

3. Mailing Address

4847 Heathe Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

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

TWITTY, FRANCIS B.
5122 TALLOW WOOD CT.
ORLANDO FL 32808

Name

James H. Cox

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

4847 Heathe Drive

City

Tallahassee

FL

Zip Code

32308

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

James H. Cox

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/23/00

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 P ☒ Delete
NAME COX, JAMES H
STREET ADDRESS 4847 HEATH DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE President ☒ Change ☐ Addition
NAME Julian Daniels
STREET ADDRESS 329 Arrowhead Lane
CITY-ST-ZIP Melbourne Beach, Fla 32951 ☐ Change ☐ Addition

TITLE ST ☒ Delete
NAME TWITTY, FRANCIS B.
STREET ADDRESS 5122 TALLOW WOOD CT.
CITY-ST-ZIP ORLANDO FL

TITLE VP ☒ Delete
NAME DANIELS, JULIAN JR
STREET ADDRESS 329 ARROWHEAD LN
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE D ☐ Delete
NAME CONROY, JOHN A.
STREET ADDRESS 1664 TEMPLE TERRACE
CITY-ST-ZIP NORTH FT. MYERS FL

TITLE VP, L. W. Smith ☐ Change ☒ Addition
NAME 340 Santiago Ct.
STREET ADDRESS Lakeland, FL 33809

TITLE D ☐ Delete
NAME WOODS, WILBUR
STREET ADDRESS 120 TANGERINE RD NW
CITY-ST-ZIP LAKE PLACID FL

TITLE ST, James H. Cox ☒ Change ☐ Addition
NAME 4847 Heathe Dr.
STREET ADDRESS Tallahassee, Fl
CITY-ST-ZIP 32308 ☐ Change ☐ Addition

TITLE VP ☒ Delete
NAME DANIELS, JULIAN JR
STREET ADDRESS 329 ARROWHEAD LN
CITY-ST-ZIP MELBOURNE BEACH FL

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:

SIG James H. Cox

James H. Cox 02/23/00

(850)893-2463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)