2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90106 025 ****61.25

0001157

DOCUMENT # N08804

1. Entity Name

FLORIDA HIGHWAY PATROL RETIRED PERSONNEL ASSOCIA

Principal Place of Business	Mailing Address
4847 HEATHE DRIVE TALLAHASSEE FL 32308 US	4847 HEATHE DRIVE TALLAHASSEE FL 32308 US

D0017976

DO NOT WRITE IN THIS SPACE

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 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
COX, JAMES H 4847 HEATHE DRIVE TALLAHASSEE FL 32308	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DANIELS, JULIAN 329 ARROWHEAD LANE MELBOURNE BEACH FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Boatright, Thomas H. 10230 SR Hwy 441 Belleview, FL 34420	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONROY, JOHN A. 1664 TEMPLE TERRACE NORTH FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Henderson, Joe P. 1713 Dora Avenue Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODS, WILBUR 120 TANGERINE RD NW LAKE PLACID FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeter, Robert L. P.O. Box 57461 Orlando, FL 32857	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COX, JAMES H 4847 HEATHE DR TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sutherland, Donald C. 12372 Clydene Court Jacksonville, FL 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, L W 340 SANTIAGO CT LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: James H. Cox 02/13/01 850/893-2463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #