

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14140

1. Entity Name

FLORIDA S.W.A.T. ASSOCIATION, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90027 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 41525  
JACKSONVILLE FL 32203-1525

P.O. BOX 41525  
JACKSONVILLE FL 32203-1525

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

RANIZE, RICHARD  
2018 VINE STREET  
LEESBURG FL 34748

Name

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

City

**FL**

Zip Code

3. 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMMEL, BUTCH	
STREET ADDRESS	2400 W 33RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONNELL, CHRIS	
STREET ADDRESS	1853 VINEWARD WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RANIZE, RICHARD	
STREET ADDRESS	2018 VINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAYNE, JAMES	
STREET ADDRESS	309 DRIFTWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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

02-01-02

Date

352-408-3904

Daytime Phone #

CR2E037 (9/01)