

2000 UNIFORM BUSINESS REPORT (UBR)

3/14

FILED
May 12, 2000 8:00 am
Secretary of State

03-14-2000 90036 045 ****61.25

DOCUMENT # N21559

1. Entity Name

FOREST OAKS CRIME WATCH INC.

Principal Place of Business

Mailing Address

8101 FOREST OAKS BLVD
 SPRING HILL FL 34606
 US

PO BOX 6372
 SPRING HILL FL 34611-6372
 US

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

59-2846653

Applied For-

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCCO, ROSE
8189 ENGLISH ELM CIRCLE
SPRING HILL FL 34606

Name **PETER ROCCO**

Street Address (P.O. Box Number is Not Acceptable)
8189 ENGLISH ELM CIRCLE

City **SPRING HILL**

FL

Zip Code **34606**

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

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

Peter Rocco
 (NOTE: Registered Agent signature required when reinstating)

3-9-00

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	T	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, LUCINDA	
STREET ADDRESS	8405 CAMPHOR DR.	
CITY-ST-ZIP	FOREST OAKS, SH, FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROCCO, ROSE	
STREET ADDRESS	8189 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETZ, SR, FREDERICK J	
STREET ADDRESS	8185 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAUL, ELIZABETH	
STREET ADDRESS	8067 PHLATELIC DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROCCO, PETER	
STREET ADDRESS	8189 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADATO, EVERLY	
STREET ADDRESS	8189 PHLATELIC DR	
CITY-ST-ZIP	SPRING HILL FL 34606	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH A. BETZ	
STREET ADDRESS	8185 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER ROCCO	
STREET ADDRESS	8189 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SR. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK J. BETZ SR	
STREET ADDRESS	8185 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMELIA BYRNE	
STREET ADDRESS	8039 WOODEN DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY M. MILONE	
STREET ADDRESS	8039 WOODEN DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elizabeth A. Betz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Rocco
 Date **3-9-00**

352 683-8453
 Daytime Phone #

CR2E037 (9/99)