

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90183 037 \*\*\*\*61.25  
 07-16-2002 90374 027 \*\*\*\*61.25

**DOCUMENT # N21559**

1. Entity Name

**FOREST OAKS CRIME WATCH INC.**

**970474**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8101 FOREST OAKS BLVD SPRING HILL FL 34606 US	PO BOX 6372 SPRING HILL FL 34606 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
<b>59-2846653</b>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

**ROCCO, PETER**  
**8189 ENGLISH ELM CIRCLE**  
**SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name: **MILONE, AL**  
 Street Address (P.O., Box Number is Not Acceptable): **8039 Wooden Drive**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Al Milone* **AL MILONE** DEPT. OF STATE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **7/12/02**

After September 13, 2002, min. will be \$236.25.

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	BETZ, ELIZABETH A	
STREET ADDRESS	8185 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROCCO, PETER	
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	SD	<input type="checkbox"/> Delete
NAME	BRYNE, AMELIA	
STREET ADDRESS	8039 WOODEN DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ED	
STREET ADDRESS	8123 WOODEN DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILONE, AL	
STREET ADDRESS	8039 WOODEN DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
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		

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* **ELIZABETH A BETZ** 7/12/02 352-683-8043

CR2E037 (4/02)