

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26295

1. Entity Name

HILL & DALE CRIME WATCH, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90015 022 \*\*\*\*61.25

Principal Place of Business

26408 BERTRAM RD.  
BROOKSVILLE FL 34602  
US

Mailing Address

26408 BERTRAM RD  
C/O JAMES MEAD  
BROOKSVILLE FL 34602  
US

2. Principal Place of Business

26408 BERTRAM RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BROOKSVILLE, FL.

City & State

34602 HERNANDO

Zip

Country

Zip

Country

4. FEI Number

59-2899938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEAD, JAMES  
26408 BERTRAM RD.  
BROOKSVILLE FL 34602

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 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

T  
FISHER, LESLIE  
27132 ROPER RD  
BROOKSVILLE FL 34602 ☐ Delete

P  
MEAD, JAMES  
26408 BERTRAM RD.  
BROOKSVILLE FL 34602 ☐ Delete

S  
EHRICH, OLIVE W  
27378 AZEN LOOP  
BROOKSVILLE FL 34602 ☐ Delete

D  
TOMPKINS, EUGENE R  
27386 AZEN LOOP  
BROOKSVILLE FL 34602 ☐ Delete

D  
RAVER, JAMES  
6383 FRANK COURT  
BROOKSVILLE FL ☐ Delete

D  
SMITH, KEN A  
6307 PINE RIDGE DR  
BROOKSVILLE FL 34602 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000 352-799-8832

Date

Daytime Phone #

CR2E037 (5/00)