

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90106 048 ****61.25

DOCUMENT # N28945

1. Entity Name

TAMPA BAY AREA CHIEFS OF POLICE ASSOCIATION, INC

Principal Place of Business

Mailing Address

% TROY E. SURRENCY
 9917 HWY 39 SO
 LITHIA FL 33547
 US

% TROY E. SURRENCY
 9917 HWY 39 SO
 LITHIA FL 33547
 US

*pd
 ck
 570*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2974148

Applied For

Not Applied For

Zip

Country

Zip

Country

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

SURRENCY, TROY E
9917 39 SO
LITHIA FL 33547

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:
FEI 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	ROMINE, W JAY	5801 MARINA DR	HOLMES BCH FL 34217	<input type="checkbox"/>
VP	HOLDER, BENNIE R	1710 TAMPA ST	TAMPA FL 33602	<input checked="" type="checkbox"/>
VP	HEATHCOTE, I W	444 CAUSEWAY BLVD	BELLEAIR BEACH FL 34635	<input type="checkbox"/>
ST	SURRENCY, TROY	611 SOUTH COLLINS STREET	PLANT CITY FL	<input type="checkbox"/>
D	URAVICH, PAUL	4202 E FLOWER AVE	TAMPA FL 33620	<input type="checkbox"/>
D	WHEELER, TOM	501 HINSON AVE	HAINES CITY FL 33844	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change
DIRECTOR	CURT WILLOCKS	2401-53RD ST. SO.	GULFPORT, FL 33707	<input checked="" type="checkbox"/>
PRESIDENT	HEATHCOTE, I W	FT. MEADE P.O.	FT MEADE, FL 33841	<input checked="" type="checkbox"/>
DIRECTOR	JIM SEWELL	4211 N. LOIS AVE	TAMPA, FL 33614	<input checked="" type="checkbox"/>

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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Troy Surrency
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-00 813 737-3453