

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90058 003 ****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



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 Applicable

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: FEE IS \$61.25

CR#647

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROMINE, W JAY	
STREET ADDRESS	5801 MARINA DR	
CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATHCOTE, I W	
STREET ADDRESS	15 NW FIRST ST	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SURRENCY, TROY	
STREET ADDRESS	PO BOX 655	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> Delete
NAME	URAVICH, PAUL	
STREET ADDRESS	4202 E FLOWER AVE	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEWELL, JIM	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, WARREN	
STREET ADDRESS	PO BOX 22287	
CITY-ST-ZIP	TAMPA FL 33622	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMINE, DAVID	
STREET ADDRESS	551-3RD ST. NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
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: *Troy E. Surrency* **TROY E. SURRENCY** 01-09-02 (913) 737-3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)