

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90008 014 ****61.25

DOCUMENT # N38085

1. Entity Name

FLORIDA D.A.R.E. OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2050 RINGLING BLVD.
~~MIRAMAR FL 34237~~ Sarasota, FL 34237
US

~~2050 RINGLING BLVD.~~ P O Box 15338
~~MIRAMAR FL 34237~~ Sarasota, FL
US 34277-1388

2. Principal Place of Business

3. Mailing Address

2050 Ringling Blvd.

P O Box 15338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-3053500

Applied For

Not Applicable

Zip

34237

Country

Sarasota

Zip

34277-1388

Country

US

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

BOWERS, DENNIS K
2050 RINGLING BLVD.
~~MIRAMAR FL 34237~~
Sarasota, FL 34237

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

Dennis K Bowers Dennis K Bowers

3/11/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ANSLEY, GLENN T	14750 SIX MILE CYPRESS PARKWAY	FT. MYERS FL 33912	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	CROSBY, DALE	400 WEST ROBINSON STREET	ORLANDO FL 32801	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	WHIDDEN, ROXANE	2825 MUNICIPAL WAY	TALLAHASSEE FL 32304	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	STEVENS, KENNETH	10750 ULMERTON ROAD	LARGO FL 33778	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	BOWERS, DENNIS K	2050 RINGLING BLVD.	SARASOTA FL 34237	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DSA	HOGAN, ROB	14750 SIX MILE CYPRESS PARKWAY	FT. MYERS FL 33912	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Dennis K Bowers Dennis K. Bowers 3/11/02 941 954-7094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)