

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003710

1. Entity Name

ORMOND BEACH CITIZEN POLICE ACADEMY ALUMNI ASSOC

Principal Place of Business

Mailing Address

170 W GRANADA BLVD
ORMOND BEACH FL 32174
US

PO BOX 636
ORMOND BEACH FL 32175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3313841

Applied For

Not Applicable

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

MATHIESON, LARRY
170 W GRANADA BLVD
ORMOND BEACH FL 32174

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] CHIEF

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

(NOTE: Registered Agent signature required when reinstating)

08/24/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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 PD
NAME ZAPPI, AL
STREET ADDRESS 946 NORTH BROOK DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE VD
NAME PEZZIMENTI, FRANK
STREET ADDRESS 7 SYCAMORE CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE T
NAME WILSON, EDIE
STREET ADDRESS 851 MATOIN RD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE SD
NAME PORTA, JOSEPH
STREET ADDRESS 134 SETON TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Pezzimenti, Frank
STREET ADDRESS 7 Sycamore Circle
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE VD
NAME Helenann Simmons
STREET ADDRESS 125 112 La Costa Lane
CITY-ST-ZIP Daytona Beach, FL 32114 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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] REQUIRED

8/24/01

386-672-0238

FILED
Aug 29, 2001 8:00 am
Secretary of State

03-02-2001 90051 015 ****61.25
08-29-2001 90008 010 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)