

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005565

1. Entity Name

OSCEOLA COUNTY CITIZENS POLICE ACADEMY ALUMNI ASS

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90135 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2909 DUNBLANE CT  
KISSIMMEE FL 34743

2909 DUNBLANE CT  
KISSIMMEE FL 34743-5616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0781440

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

BRENNAN, SANDRA  
2909 DUNBLANE CT  
KISSIMMEE FL 34743

Name

Josephine Montijo

Street Address (P.O. Box Number is Not Acceptable)

1714 Buckeye Rd. NE

City

Winter Haven

FL

Zip Code

33881-2783

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

Josephine Montijo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/2000

**FILE NOW:**  
**FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME MESSINA, LUDDY  
STREET ADDRESS 930 AMY RIDGE CT  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE VD ☒ Delete  
NAME WEBB, NORMAN  
STREET ADDRESS 2120 EMPEROR DR  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE TD ☐ Delete  
NAME HEILMANN, DIETLER  
STREET ADDRESS 3197 MISTY MORNING CT  
CITY-ST-ZIP ST CLOUD FL 34771

TITLE SD ☒ Delete  
NAME BRENNAN, SANDRA  
STREET ADDRESS 2909 DUNBLANE CT  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME Zuba Rosemary  
STREET ADDRESS 2635 Elmwood Drive  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE VD ☐ Change ☒ Addition  
NAME Montijo Augusto  
STREET ADDRESS 1714 Buckeye Rd. NE  
CITY-ST-ZIP Winter Haven, FL 33881

TITLE TD ☐ Change ☐ Addition  
NAME Heilmann Dietler  
STREET ADDRESS 3197 Misty Morning Ct.  
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE SD ☐ Change ☒ Addition  
NAME Montijo Josephine  
STREET ADDRESS 1714 Buckeye Rd. NE  
CITY-ST-ZIP Winter Haven FL 33881

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

863-293-5258

CR2E037 (9/99)