

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 028 ****61.25

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1. Entity Name *Seminole County Sheriff's Office*
CITIZEN'S police Academy Alumni Assoc INC

Principal Place of Business Mailing Address

100 BUSH BLVD
SANFORD, FL 32773

2. Principal Place of Business
SANFORD Florida

3. Mailing Address
100 BUSH Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD

City & State
FL

4. FEI Number
59-3233178

Applied For
 Not Applicable

Zip
32773

Country
USA

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

PETER M. ROBINSON
SPECIAL PROJECTS
Seminole County Sheriff
100 BUSH Blvd
SANFORD, FL 32773

Name *N/A*
 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 *Peter M. Robinson*

(NOTE: Registered Agent signature required when reinstating)

4/25/00
 DATE

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 NAME *MARTIN S. GREENWALD* ☐ Delete
 STREET ADDRESS *P.O. Box 3691*
 CITY-ST-ZIP *Winter Springs, FL 32788*

TITLE NAME *MARTIN S. GREENWALD* ☒ Change ☐ Addition
 STREET ADDRESS *100 BUSH Blvd*
 CITY-ST-ZIP *SANFORD, FL 32773*

TITLE NAME *CLIFF WRIGHT* ☐ Delete
 STREET ADDRESS *334 SHADOW BAY Blvd N.*
 CITY-ST-ZIP *Longwood, FL*

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

TITLE NAME *Don Wheeler* ☐ Delete
 STREET ADDRESS *1345 28th*
 CITY-ST-ZIP *SANFORD, FL 32773*

TITLE NAME *Don Wheeler* ☒ Change ☐ Addition
 STREET ADDRESS *100 BUSH Blvd*
 CITY-ST-ZIP *SANFORD, FL 32773*

TITLE NAME *Peter Robinson* ☐ Delete
 STREET ADDRESS *1845 28th*
 CITY-ST-ZIP *SANFORD, FL 32773*

TITLE NAME *Peter Robinson* ☒ Change ☐ Addition
 STREET ADDRESS *100 BUSH Blvd*
 CITY-ST-ZIP *SANFORD, FL 32773*

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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: *Peter M. Robinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 *407-665-6744*
 Date Daytime Phone #

CR2E037 (9/99)