

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90144 012 ****61.25

DOCUMENT # N96000000346

1. Entity Name

SEMINOLE COUNTY SHERIFF'S OFFICE CITIZEN POLICE

Principal Place of Business

Mailing Address

100 BUSH BLVD
 SPECIAL PROJECTS
 SANFORD FL 32773
 US

100 BUSH BLVD
 SPECIAL PROJECTS
 SANFORD FL 32773
 US

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

59-3233178

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, PETER
100 BUSH BLVD
SPEICAL PROJECTS
SANFORD FL 32773

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

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: **TD** Delete
 NAME: **GREENWALD, MARTIN S**
 STREET ADDRESS: **100 BUSH BLVD**
 CITY-ST-ZIP: **SANFORD FL 32773**

TITLE: Change Addition
 NAME: **HALL, DAVID M**
 STREET ADDRESS: **2705 S. SANFORD AVE**
 CITY-ST-ZIP: **SANFORD, FL 32773**

TITLE: Delete
 NAME: **SD WRIGHT, CLIFF**
 STREET ADDRESS: **334 SHADOW BAY BLVD N**
 CITY-ST-ZIP: **LONGWOOD FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **VPD WHEELER, DON**
 STREET ADDRESS: **100 BUSH BLVD**
 CITY-ST-ZIP: **SANFORD FL 32773**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **DP ROBINSON, PETER**
 STREET ADDRESS: **100 BUSH BLVD**
 CITY-ST-ZIP: **SANFORD FL 32773**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 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 of its assets 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

21 Mar 2001

Date

407.665.6741

Daytime Phone #

CR2E037 (10/00)