

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90203 010 \*\*\*\*61.25

**DOCUMENT # N96000000346**

1. Entity Name

**SEMINOLE COUNTY SHERIFF'S OFFICE CITIZEN POLICE  
ACADEMY ALUMNI ASSOCIATION, INC.**



Principal Place of Business

**100 BUSH BLVD  
SPECIAL PROJECTS  
SANFORD FL 32773  
US**

Mailing Address

**100 BUSH BLVD  
SPECIAL PROJECTS  
SANFORD FL 32773  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3233178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, PETER  
100 BUSH BLVD  
SPECIAL PROJECTS  
SANFORD FL 32773**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete  
NAME **HALL, DAVID M**  
STREET ADDRESS **2705 S. SANFORD AVE**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **PD** ☐ Delete  
NAME **WRIGHT, CLIFF**  
STREET ADDRESS **402 BUDLEIGH SALTERON CLOSE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☐ Delete  
NAME **BROWDER, SHARON**  
STREET ADDRESS **1768 CARILLON PARK DR**  
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition  
NAME **BROWDER, JACK**  
STREET ADDRESS **1768 CARILLON PARK DR**  
CITY-ST-ZIP **OVIDO, FL 32765**

TITLE **PD/TD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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]*

03-03-03

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788-6700 x103

CR2E037 (10/02)