

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006159**

1. Entity Name

FLORIDA EDACS PUBLIC SAFETY USERS GROUP, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90201 034 ****61.25

Principal Place of Business

Mailing Address

**4450 N. US HWY. 1
VERO BEACH FL 32967****P.O. BOX 6045
C/O DEBBIE CHUBB
DAYTONA BEACH FL 32122-6045
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0795538Applied 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****CHUBB, DEBBIE
112 CARSWELL AVE.
HOLLY HILL FL 32117**

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**TITLE ☐ Delete**D
NAME
STREET ADDRESS
CITY-ST-ZIP
SANSON, LEROY
2560 W SR 44
DELAND FL 32720**TITLE ☐ Delete**D
NAME
STREET ADDRESS
CITY-ST-ZIP
HANCOCK, ROBERT
2709 E HANNA AVE
TAMPA FL 33610**TITLE ☐ Delete**D
NAME
STREET ADDRESS
CITY-ST-ZIP
DALY, JOHN
3301 E TAMiami TrL
NAPLES FL 34112**TITLE ☐ Delete**D
NAME
STREET ADDRESS
CITY-ST-ZIP
BLAIR, DICK
4450 N US HWY 1
VERO BEACH FL 32767**TITLE ☐ Delete**D
NAME
STREET ADDRESS
CITY-ST-ZIP
CHUBB, DEBBIE
112 CARSWELL AVE
HOLLY HILL FL 32117**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

904-252-4900

Daytime Phone #