

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000597

1. Entity Name

COMMUNITY POLICING INTERACTION ASSOCIATION, INCO

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90218 019 ****61.25

Principal Place of Business

Mailing Address

1348 OLD APOPKA RD.
APOPKA FL 32703

1348 OLD APOPKA RD.
APOPKA FL 32703-7139

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

59-3502448

Applied For

Not Applicable

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

HOWARD, JIMMY D SR
1013 S. CENTRAL AVE.
APOPKA FL 32703

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 PT ☐ Delete
NAME FILMORE, FREDDIE SR.
STREET ADDRESS 3311 COLEMAN PLACE
CITY-ST-ZIP ORLANDO FL 32905

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

TITLE VPT ☐ Delete
NAME BRADFORD, HEZEKIAH JR
STREET ADDRESS 21 W. 13TH ST.
CITY-ST-ZIP APOPKA FL 32703

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

TITLE S ☐ Delete
NAME HOLMES, FERRY
STREET ADDRESS 1454 S. LAKE AVE
CITY-ST-ZIP APOPKA FL 32703

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

TITLE AST ☐ Delete
NAME OGISTE, GREGORY SR.
STREET ADDRESS 1136 MILL RUN CIRCLE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ Change ☐ Addition
NAME AST
STREET ADDRESS OGISTE, GREGORY SR.
CITY-ST-ZIP 30849 VISTA VIEW
MT. DORA, FLORIDA 32757

TITLE ATT ☐ Delete
NAME HOWARD, JIMMY D
STREET ADDRESS 1013 S. CENTRAL AVE.
CITY-ST-ZIP APOPKA FL 32703

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 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: FREDDIE FILMORE, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)