

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90053 008 ****61.25

DOCUMENT # N98000000597

1. Entity Name

COMMUNITY POLICING INTERACTION ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

1348 OLD APOPKA RD.
 APOPKA FL 32703

1348 OLD APOPKA RD.
 APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

112 E. 6TH ST

P.O. Box 182

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL.

City & State

ZELLWOOD FL.

Zip

32703

Country

ORANGE

Zip

32798

Country

ORANGE

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

OGISTE, GREGORY SR
30849 VISTA VIEW
MOUNT DORA FL 32757

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	<input checked="" type="checkbox"/> Delete
NAME	FILMORE, FREDDIE SR.	
STREET ADDRESS	3311 COLEMAN PLACE	
CITY-ST-ZIP	ORLANDO FL 32905	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	BRADFORD, HEZEKIAH JR	
STREET ADDRESS	21 W. 13TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, FERRY	
STREET ADDRESS	1454 S. LAKE AVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	AST	<input type="checkbox"/> Delete
NAME	OGISTE, GREGORY SR.	
STREET ADDRESS	30849 VISTA VIEW	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BRADFORD, HEZEKIAH JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 W. 13TH ST.	
STREET ADDRESS	APOPKA, FL. 32703	
CITY-ST-ZIP		
TITLE	SMITH, ALEXANDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	569 STRATHCLYDE CT.	
STREET ADDRESS	APOPKA, FL. 32712	
CITY-ST-ZIP		
TITLE	CORbett, SUE L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 S. Central Av.	
STREET ADDRESS	APOPKA, FL. 32703	
CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGISTE, GREGORY SR.	
STREET ADDRESS	30849 VISTA VIEW	
CITY-ST-ZIP	MOUNT DORA, FL. 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Hezekiah Bradford Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(407)886-6769

Daytime Phone #