

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002223

1. Entity Name

THE ASSOCIATION FOR THE PREVENTION OF CRIME INC.

Principal Place of Business

8249 NW 14TH ST.
CORAL SPRINGS FL 33071

Mailing Address

8249 NW 14TH ST.
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied 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

BERNER, ALISON

8249 NW 14TH ST.
CORAL SPRINGS FL 33071

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME BERNER, ALISON
STREET ADDRESS 8249 NW 14 ST
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME 100004679101-7
STREET ADDRESS -11/14/01--01078--011
CITY-ST-ZIP *****61.25 *****61.25

☐ Change ☐ Addition

TITLE D
NAME LIND, THOMAS
STREET ADDRESS 8225 NW 14TH
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LIND, MARGO
STREET ADDRESS 8225 NW 14TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

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☐ Change ☐ Addition

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

8.1.01

FILED

01 OCT 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CH2E037 (5/01)

2012

TO: The Florida Department of State

FROM: The Association For the Prevention of Crime Inc.

To whom it may concern:

I was recently notified that my non-profit organization had been dissolved and that it would need to be re instated.

I did not receive the first notice for the yearly-filing fee. I did send out my signed paper work and the check immediately following the receipt of the second notice. I received the check and the notice back. I am asking that the reinstatement fee be waived. This non-profit is strictly a community service organization. I go into schools to teach Poisson prevention to children. I collect no funds whatsoever for this service. The reinstatement fee of \$236.25 would be very difficult for me to cover personally.

When I phoned the reinstatement office I was told that I the filing was sent out in January and that I should have known this. I apologize but I did not know and would have sent the paperwork in if I had received it. As I mentioned because this organization collects no funds it also pays no taxes so I was not aware that there was any problem until I received notice of the dissolvment.

I would really appreciate any help that you could offer to me.

Sincerely,


Alison Berner