

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000035

1. Entity Name

PORT AUTHORITY POLICE AUXILIARY, IN.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90057 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1600 CHAMBERLIN PKWY., S-8671  
FT. MYERS FL 33913

1600 CHAMBERLIN PKWY., S-8671  
FT. MYERS FL 33913

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

66-0888104

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

CYPHERT, BILL JR.  
1600 CHAMBERLIN PKWY., S-8671  
FT. MYERS FL 33913

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:**  
**FEES 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	PD	<input type="checkbox"/> Delete
NAME	CYPHERT, BILL JR	
STREET ADDRESS	1600 CHAMBERLIN PKWY., S-8671	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SEVERSON, KATHY	
STREET ADDRESS	1600 CHAMBERLIN PKWY., S-8671	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SILVERTHORN, RICHARD	
STREET ADDRESS	1600 CHAMBERLIN PKWY., S-8671	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 941-768-4286  
Day Daytime Phone #

CR2E037 (9/99)