

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1/00

DOCUMENT # N99000001927

1. Entity Name

POLICE OFFICERS FOUNDATION INC.

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

03-01-2000 90044 012 \*\*\*\*61.25

Principal Place of Business

4631 86TH AVENUE NORTH  
PINELLAS PARK FL 33782

Mailing Address

4631 86TH AVENUE NORTH  
PINELLAS PARK FL 33782-5714

*Changed*

2. Principal Place of Business

1021 N.E. 41ST AVE.

3. Mailing Address

1021 N.E. 41ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FLORIDA

City & State

Ocala, Florida

4. FEI Number

59-3566547

Applied For

Not Applicable

Zip

34470

Country - USA

*ATTENTION*

Zip

34470

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~DAY, TIM~~  
~~4631 86TH AVENUE NORTH~~  
~~PINELLAS PARK FL 33782~~

DAY, Tim  
1021 N.E. 41ST AVE.  
Ocala, FL 34470

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

*Tim Day President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*Feb 24, 2000*

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  
NAME *President*  
STREET ADDRESS *Tim Day*  
CITY-ST-ZIP *1021 N.E. 41ST AVE.*  
*Ocala FL 34470* *D*

TITLE ☐ Delete  
NAME *Vice president*  
STREET ADDRESS *Donna Day*  
CITY-ST-ZIP *1021 N.E. 41ST AVE.*  
*Ocala, FL 34470* *T*

TITLE ☐ Delete  
NAME *Treasurer*  
STREET ADDRESS *Peter Luciani*  
CITY-ST-ZIP *3935 N.E. 47th St.*  
*Ocala, FL 34479* *T*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME *Vice President*  
STREET ADDRESS *Donna Day*  
CITY-ST-ZIP *1021 N.E. 41ST AVE.*  
*Ocala, FL 34470*

TITLE ☐ Change ☒ Addition  
NAME *TREASURER*  
STREET ADDRESS *Pete Luciani*  
CITY-ST-ZIP *3935 N.E. 47th*  
*Ocala, FL 34479*

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

TITLE ☐ Change ☐ Addition  
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:

*Tim Day President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 24, 2000*

Date

Daytime Phone #

*(852) 276-283*  
*(852) 276-283*