

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

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~~

Changed

Mailing Address

~~4631 86TH AVENUE NORTH
PINELLAS PARK FL 33782-5714~~

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

7. Name and Address of New Registered Agent

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

Tim Day President

[Signature]

Feb 24, 2000

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

(NOTE: Registered Agent signature required when re-registering)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Tim Day	1021 N.E. 41ST AVE.	Ocala FL 34470	<input type="checkbox"/>
Vice president	Donna Day	1021 N.E. 41ST AVE.	Ocala, FL 34470	<input type="checkbox"/>
Treasurer	Peter Luciani	3935 N.E. 47th St.	Ocala, FL 34479	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President	Donna Day	1021 N.E. 41ST AVE.	Ocala, FL 34470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Pete Luciani	3935 N.E. 47th	Ocala, FL 34479	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Feb 24, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(652) 236-283