

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000001927****1. Entity Name**
POLICE OFFICERS FOUNDATION INC.

Principal Place of Business 1021 NE 41ST AVE. OCALA FL 34470	Mailing Address 1021 NE 41ST AVE. OCALA FL 34470
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td><td>DAY TIM</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td>1021 N.E. 41ST AVE.</td></tr><tr><td>City</td><td>OCALA FL</td></tr><tr><td>Zip Code</td><td>34470</td></tr></table>	Name	DAY TIM	Street Address (P.O. Box Number is Not Acceptable)	1021 N.E. 41ST AVE.	City	OCALA FL	Zip Code	34470
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City	OCALA FL								
Zip Code	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 Signature, typed or printed name of registered agent and title if applicable. 09/17/2001 DATE	(NOTE: Registered Agent signature required when reinstalling)
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	PD	09/17/2001
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CR2E037 (11/00)