

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002134

1. Entity Name

ORANGE COUNTY CIVILIAN POLICE ACADEMY ALUMNI ASSOC. INC.

03-17-2000 90026 038 *****61.25
N99000002134

FILED

00 JUN 20 PM 4:48



DO NOT WRITE IN THIS SPACE

Principal Place of Business CHILDREN'S SAFETY VILLAGE 910 FAIR VILLA RD. ORLANDO FL 32808		Mailing Address CHILDREN'S SAFETY VILLAGE 910 FAIR VILLA RD. ORLANDO FL 32808	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	

4. FEI Number 59-3610591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONG, DENNIS 6075 HIDDEN BEACH BLVD ORLANDO FL 32819		7. Name and Address of New Registered Agent Name: DW MONG Street Address (P.O. Box Number is Not Acceptable): SUITE E 4065 L.B. MCLEOD City: ORL FL Zip Code: 32811	
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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: DW MONG - TREASURER DATE: 2-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIR MR. ROGER CAPER 803 TILDEN AVE APOPKA FLA 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT DR. JOHN PELOISE 3951 LAKE MIRA CT ORL FLA 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTARY MRS. RENATE CAPER 803 TILDEN AVE APOPKA FLA 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAPLAIN BRO. JAMES GARVIN 473 PLYMOUTH ROCK PL APOPKA FLA 32717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR/TREASURER DW MONG SUITE E 4065 L.B. MCLEOD ORLANDO FLA 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAURA LANG 910 FAIR VILLA RD. ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-2000

Date

Daytime Phone #

CR2E037 (9/99)

KP