

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002134

1. Entity Name

ORANGE COUNTY CIVILIAN POLICE ACADEMY ALUMNI ASS

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90316 037 *****70.00

Principal Place of Business

~~C/O CHILDREN'S SAFETY VILLAGE~~
~~910 FAIR VILLA RD.~~
~~ORLANDO FL 32808~~

Mailing Address

~~C/O CHILDREN'S SAFETY VILLAGE~~
~~910 FAIR VILLA RD.~~
~~ORLANDO FL 32808~~

C/O ORANGE COUNTY SHERIFF'S OFFICE

2. Principal Place of Business

2400 WEST 33RD STREET

3. Mailing Address

P.O. BOX 2127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

APOPKA, FLORIDA (32704)

Zip

32839

Country

USA

Zip

32704

Country

USA

4. FEI Number

59-3610591

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MONG, D.W.~~
~~4065 L.B. MCLEOD.~~
~~SUITE E-~~
~~ORLANDO FL 32811-5663~~

7. Name and Address of New Registered Agent

Name *DONALD RANDOLPH WARD*
Street Address (P.O. Box Number is Not Acceptable)
1711 BEATRICE DRIVE
City *ORLANDO* FL *32810-4911*

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 *DONALD RANDOLPH WARD*
Donald Randolph Ward, President

4-13-01

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	PO	<input type="checkbox"/> Delete
NAME	CAPER, ROGER	
STREET ADDRESS	803 TILDEN AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PELOISE, JOHN DR.	
STREET ADDRESS	3951 LAKE MIRA CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPER, RENATE	
STREET ADDRESS	803 TILDEN AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	C	<input type="checkbox"/> Delete
NAME	GARVIN, JAMES BRO.	
STREET ADDRESS	473 PLYMOUTH ROCK PL.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MONG, D.W.	
STREET ADDRESS	SUITE E 4065 L.B. MCLEOD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, LAURA	
STREET ADDRESS	910 FAIR VILLA RD.	
CITY-ST-ZIP	ORLANDO FL 32808	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DONALD RANDOLPH	
STREET ADDRESS	1711 BEATRICE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32810	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPER, ROGER	
STREET ADDRESS	803 TILDEN AVENUE	
CITY-ST-ZIP	APOPKA, FLORIDA 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MARY L.	
STREET ADDRESS	1711 BEATRICE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *DONALD RANDOLPH WARD*
Donald Randolph Ward, President 4-13-01 407-298-1735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)