

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90119 013 \*\*\*\*61.25

**DOCUMENT # N99000002134**

1. Entity Name

**ORANGE COUNTY CIVILIAN POLICE ACADEMY ALUMNI ASS  
OC. INC.**

Principal Place of Business

C/O ORANGE COUNTY SHERIFF'S OFFICE  
2400 WEST 33RD STREET  
ORLANDO FL 32839

Mailing Address

C/O ORANGE COUNTY SHERIFF'S OFFICE  
P.O. BOX 2127  
APOPKA FL 32704

2. Principal Place of Business

**1111 NORTH ROCK SPRINGS RD**

Suite, Apt. #, etc.

3. Mailing Address

**1111 NORTH ROCK SPRINGS RD**

Suite, Apt. #, etc.

City & State

**Apopka, Florida**

City & State

**Apopka, Florida**

Zip

**32712**

Country

**USA**

Zip

**32712**

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

**WARD, DONALD R  
1711 BEATRICE DRIVE  
ORLANDO FL 3910-911**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete  
NAME **WARD, DONALD R**  
STREET ADDRESS **1711 BEATRICE DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **V** ☐ Delete  
NAME **CAPPER, ROGER**  
STREET ADDRESS **803 TILDEN AVENUE**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **S** ☒ Delete  
NAME **CAPER, RENATE**  
STREET ADDRESS **803 TILDEN AVE.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **C** ☐ Delete  
NAME **GARVIN, JAMES BRO.**  
STREET ADDRESS **473 PLYMOUTH ROCK PL.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **DT** ☐ Delete  
NAME **WARD, MARY L**  
STREET ADDRESS **1711 BEATRICE DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32810**

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

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

TITLE ☒ Change ☐ Addition  
NAME **HASTINGS, LAUREL**  
STREET ADDRESS **5750 CYRILS DRIVE**  
CITY-ST-ZIP **ST. CLOUD, FLORIDA 34771**

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:

**Donald R. Ward, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-02 407-298-1735**

Date

Daytime Phone #

CR2E037 (9/01)