

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 03, 2000 8:00 am
Secretary of State

07-13-2000 90016 043 ****61.25

DOCUMENT # N99000002370

1. Entity Name

SOUTH BAY COMMUNITY CRIME WATCH, INC.

Principal Place of Business

**SOUTH BAY POLICE DEPARTMENT
335 SW 2ND AVENUE
SOUTH BAY FL 33493**

Mailing Address

**SOUTH BAY POLICE DEPARTMENT
335 SW 2ND AVENUE
SOUTH BAY FL 33493**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, DANNY D
SOUTH BAY POLICE DEPARTMENT
335 SW 2ND AVENUE
SOUTH BAY FL 33493**

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

After September 13, 2000 min. will be \$236.25

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	D President Danny D. Jones 335 SW 2nd Ave South Bay, FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President Robert J. Grande 335 SW 2nd Ave South Bay, FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Godwin, Secretary 335 SW 2nd Ave South Bay, FL 33493	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

561-996-6530 07/15/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #