

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1135787

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
JONES, DANNY D  
STREET ADDRESS 335 SW 2ND AVENUE  
CITY-ST-ZIP SOUTH BAY FL 33493 ☐ Delete

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

TITLE  
NAME VPD  
GRANDE, ROBERT J  
STREET ADDRESS 335 SW 2ND AVE  
CITY-ST-ZIP SOUTH BAY FL 33493 ☒ Delete

TITLE  
NAME T D  
Madden, Michael B.  
STREET ADDRESS 335 S.W. 2 Av.  
CITY-ST-ZIP South Bay, FL. 33493 ☐ Change ☒ Addition

TITLE  
NAME D  
GODWIN, MARY  
STREET ADDRESS 335 SW 2ND AVE  
CITY-ST-ZIP SOUTH BAY FL 33493 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/28/2001 561-996-6530

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

02-14-2002 90096 008 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)