

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004695

1. Entity Name

CITIZENS ON PATROL OF TALLAHASSEE LEON COUNTY, I

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90004 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

210 BRADFORD RD.  
TALLAHASSEE FL 32303

210 BRADFORD RD.  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

KOVACK, DAN  
210 BRADFORD RD.  
TALLAHASSEE FL 32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete  
NAME **Wayne Warren**  
STREET ADDRESS **210 Bradford Rd., Box 111**  
CITY-ST-ZIP **Tallahassee, FL 32303**

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

TITLE **S/T** ☐ Delete  
NAME **Margaret Hansard**  
STREET ADDRESS **210 Bradford Rd., Box 111**  
CITY-ST-ZIP **Tallahassee, FL 32303**

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

TITLE **C. E. "ED" DePuy** ☐ Delete  
NAME **1940 N. Monroe St.**  
STREET ADDRESS **Tallahassee, FL 32399-2212**  
CITY-ST-ZIP

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

TITLE **Cliff Thael** ☐ Delete  
NAME **Leon County Court House**  
STREET ADDRESS **Tallahassee, FL 32301**  
CITY-ST-ZIP

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

TITLE **Frank Helms** ☐ Delete  
NAME **1940 Thomasville Rd.**  
STREET ADDRESS **Tallahassee, FL 32303**  
CITY-ST-ZIP

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

TITLE **Reid MacLauchlin** ☐ Delete  
NAME **3700 Woodhill Dr.**  
STREET ADDRESS **Tallahassee, FL 32303**  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

942-4363

Date

Daytime Phone #

CR2E037 (9/99)