

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-11-2000 90312 008 ****70.00

DOCUMENT # N99000006192

1. Entity Name

POLICE ASSISTANCE ASSOCIATION INC.

R

Principal Place of Business

2921 61ST AVE. NORTH
ST. PETERSBURG FL 33714

Mailing Address

2921 61ST AVE. NORTH
ST. PETERSBURG FL 33714-1433

2. Principal Place of Business

ABOVE

Suite, Apt. #, etc.

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number.

593 60 4494

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOELZEL, JEREMY K
2921 61ST AVE. NORTH
ST. PETERSBURG FL 33714

Name

NA

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

J. K. Hoelzel

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

(NOTE: Registered Agent signature required when reinstating)

4-25-2000

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 **PRESIDENT** ☐ Delete
NAME **JEREMY HOELZEL**
STREET ADDRESS **2921 61 AVE. N**
CITY-ST-ZIP **ST. PETE. FL 33714** *D*

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **DONNA COLESBY**
STREET ADDRESS **2921 61 AVE. N.**
CITY-ST-ZIP **ST. PETE. FL 33714** *D*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JUDY LEZINSKY** ☐ Change ☒ Addition
NAME **6 MORRIS LAKE**
STREET ADDRESS **HAZELTON PA 18201** *D*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE: J. K. HOELZEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000

Date

727-521-3024

Daytime Phone #

CR2E037 (9/99)