



December 22, 2025

MEMORANDUM

TO: Janneth Diaz
Police Fiscal

FROM: Eric D. Smith
Chief of Police

SUBJECT: Use of Federal Asset Sharing Trust / Law Enforcement Trust Fund

Please issue funds from the appropriate account totaling \$2500 to Cazmm Brown Foundation Inc. This organization focuses on values-based coaching and mentoring to empower youth in the Orlando area. Their crime prevention efforts aim to reduce youth affiliation with criminal activities. The organization uses sports to mentor and steer children away from the wrong path by providing them with an alternative. Cazmm Brown Foundation's dedication to the youth is crucial to crime prevention in the City of Orlando.

Thank you for handling this request.

ES/jg

**LAW ENFORCEMENT/FEDERAL ASSET SHARING TRUST FUNDS
ENDORSEMENT CHECKLIST**

SUBJECT:


Cazmm Brown Foundation Inc


 12.22.25
Bureau Making Request Date Recommended Not Recommended

 12.29.25
Police Planning Manager Date

Grant funds not applicable.

As counsel for OPD, I certify this request for LETF complies with §932.7055, Fla. Stat., and/or this FAST request complies with the USDOJ Guide to Equitable Sharing for Law Enforcement Agencies.

 12-29-25
Police Legal Advisor Date Approved LETF Approved FAST Disapproved

 1/22/26 OPD0004-C
Police Fiscal Manager Date Financial Statement Attached

RECEIVED
12/31/25

I certify this LETF request complies with §932.7055, Fla. Stat., and/or this FAST request complies with the USDOJ Guide to Equitable Sharing for Law Enforcement Agencies.

Chief of Police Date
Approved Disapproved



ORLANDO POLICE DEPARTMENT

1250 W. South Street
Orlando, FL 32805

Application for Funding

Pursuant to Florida Statutes 932.701-706 the Orlando Police Department provides funding to organizations for the support or operation of any drug abuse education, drug prevention, crime prevention, safe neighborhood program(s) or other law enforcement purposes. Funding may also be available from federal forfeitures and proceeds of unclaimed property. The police department has the discretion to determine which program(s) are certified for funding..

ORGANIZATION			
Date of Request:	12/15/2025	Amount Requested:	\$8,000
Applicant Name:	CAZMM BROWN FOUNDATION INC	Contact Person:	WILLIS MCPHEE
Street Address:		Phone/Extension:	407-719-4742
Street Address 2:	1637 PINECLIFF DR	Email Address:	WILLIS.MCPHEE@HOTMAIL.COM
City:	AOPKA	State:	FL
		Zip:	32703
Is your organization a non-profit or public tax-exempt organization as defined under Section 501(c)3 of the Internal Revenue Code?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Attached is a completed and signed W-9 with this application.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM DETAILS (ATTACH ADDITIONAL PAGES IF NECESSARY)	
When will the funding be needed?	1/5/2026
Which of the following goals will the described project/program support?	<input checked="" type="checkbox"/> Crime Prevention <input type="checkbox"/> Drug Prevention <input checked="" type="checkbox"/> Neighborhood Safety <input type="checkbox"/> Housing and Job Skills Programs <input type="checkbox"/> Drug Abuse Education <input type="checkbox"/> Other

1. Give a brief description of the project/program. Mikel Brown Jr. Elite Basketball is a competitive youth basketball organization providing experience and hands-on instruction for boys and girls grades 6 th and 12 th . In this program inner-city student athletes will learn life skills, discipline, sportsmanship, teamwork, creative thinking, and cause & effect. I, Officer McPhee, serve as the program director and coach for MBJ Elite.
2. Describe exactly how the project/program will impact crime prevention, neighborhood safety, drug abuse education, drug prevention or a law enforcement purpose Engaging our student athletes in positive activities like basketball significantly reduces their risk of criminal involvement. Occupying their time and providing a safe haven offers a constructive outlet for energy, build self-esteem, and teach valuable life skills such as teamwork, discipline, and perseverance. Our kids will learn the cause and effects of drug use/abuse and criminal activity from quest speakers and myself.
3. How will the project/program be evaluated for success? Success for MBJ is instilling a code of ethics built on honesty, responsibility, hard work, fitness and teamwork. Our players, families and volunteers will work together to cultivate a disciplined environment so every child can reach their full potential, develop their talents and increase their skills in the game of basketball and more importantly in life. Players will complete community service initiatives throughout Central Florida and compete in various basketball tournaments.
4. Describe anticipated recurring costs for subsequent fiscal years. Recurring costs are gym rentals, tournament registrations, lodging, transportation and gas.

CERTIFICATION			
I possess the authority to certify that the funds being applied for will be used for the purposes described in this application. I understand that the Orlando Police Department may require additional information, including but not limited to receipts, program data, lesson plans, staff salary information, or any other supporting documentation to meet their obligation that the funds are being spent appropriately.			
Willis McPhee	Youth Director		12/18/25
Printed Name	Title	Signature	Date
Jamia McPhee			
Printed Name of Witness		Signature of Witness	

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <p style="text-align: center; font-size: 1.2em;">CAZMM BROWN FOUNDATION INC.</p>
	2	Business name/disregarded entity name, if different from above.
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> <i>(Applies to accounts maintained outside the United States.)</i>
	5	Address (number, street, and apt. or suite no.). See instructions. <p style="text-align: center; font-size: 1.2em;">382 NE 191st St. #465231</p>
	6	City, state, and ZIP code <p style="text-align: center; font-size: 1.2em;">Miami, FL 33179</p>
7	List account number(s) here (optional) <p style="text-align: center; font-size: 1.2em;">696338972</p>	
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
33 - 2822535	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Mansilla Carolek</i>	Date <i>2/26/2025</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



BUSINESS DEPOSITORY CERTIFICATE (Corporation)



NEW CHANGE

ACCOUNT NO
696338972
ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CAZMM BROWN FOUNDATION INC

BANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (021)

BRANCH NAME AND NO.
Space Coast - 741718

BUSINESS ADDRESS
3121 SAN ROCCO DR

DATE
01/31/2025

PREPARED BY
ANGELA WALD

ORLANDO, FL 32820-1425

PHONE NO.
(407) 977-9598

TAXPAYER ID NO. 33-2822535 PRODUCT TYPE Chase Business Complete Checking

Legal Name of Organization CAZMM BROWN FOUNDATION INC (the "Organization")

State of Organization: FL

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the Individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name	Title	Facsimile Signatures
MARISELA CARABALLO SELLA	Secretary	

SIGNER(S) TO BE ADDED LATER CHRISTOPHER BROWN, EXP 03/02/2025

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out Item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: Mariela Caraballo Date: 01/31/2025

Title: Secretary

Printed Name: MARISELA CARABALLO SELLA



CAZMM BROWN FOUNDATION INC

Keyword Search

For more information on how to use our keyword search, visit our help guide [🔗](#)

Simple Search Search Editor

- Any Words [i](#)
- All Words [i](#)
- Exact Phrase [i](#)

e.g. 123456789, Smith Corp
"cazmm brown" [x](#)
Entity [v](#)

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Simple Search Search Editor

- Any Words [i](#)
- All Words [i](#)
- Exact Phrase [i](#)

e.g. 123456789, Smith Corp
"Cazmm Brown" [x](#)
Entity [v](#)

No matches found

Your search did not return any results for active records.
Would you like to include inactive records in your search results?

C.R. BROWN & ASSOCIATES, INC. ● Active Registration

Unique Entity ID	CAGE Code	Physical Address	Expi
UAF8HBJH6RU4	8VU06	775 ELDRIDGE ST, ORLANDO, FL 32803 USA	Jul :
			Purp
			All A

CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC. ● Active Registration

Unique Entity ID	CAGE Code	Physical Address	Expi
MVVFA4FW3CL4	5WS81	20370 NE BURNS AVE, BLOUNTSTOWN, FL 32424 USA	Dec
			Purp
			All A

CERTIFIED SLINGS, LLC ● Active Registration

Unique Entity ID	CAGE Code	Physical Address	Expi
W85RYCCG4846	57282	310 W Melody Ln, Casselberry, FL 32707 USA	Jun
			Purp
			All A

CHARLOT CONSULTING, LLC ● Active Registration

Unique Entity ID	CAGE Code	Physical Address	Expi
MA9SYMJH69U8	(blank)	9536 Brown Burrow St, Orlando, FL 32829 USA	Dec
			Purp
			Fed

CHISULO, LLC ● Active Registration

Unique Entity ID	CAGE Code	Physical Address	Expi
LUMKS528UVD6	16EJ2	43 DRENNEN RD, ORLANDO, FL 32806 USA	Oct



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No Events **No Name History**

Detail by Entity Name

Florida Profit Corporation
CAZMM BROWN FOUNDATION INC.

Filing Information

Document Number	P25000001755
FEI/EIN Number	NONE
Date Filed	01/09/2025
State	FL
Status	ACTIVE

Principal Address

382 NE 191ST #465231
MIAMI, FL 33179

Mailing Address

382 NE 191ST #465231
MIAMI, FL 33179

Registered Agent Name & Address

UNITED STATES CORPROATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202