

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90093 045 ****61.25

DOCUMENT # **N26599**

1. Entity Name

FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT.

Principal Place of Business

Mailing Address

P.O. BOX 17511
 TAMPA FL 33682-7511

P.O. BOX 17511
 TAMPA FL 33682-7511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2888218

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

STREATOR, WILLIAM H
14102 N. 20TH ST.
S/O HCSO DI
TAMPA FL 33613

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	PD	<input type="checkbox"/> Delete
NAME	VERMETTE, JERRY	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FYFE, SCOTT	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SETON, SANDRA	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STREATOR, WILLIAM H	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: William H. Streator (WILLIAM H. STREATOR) TREASURER 03/21/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/99)