

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90004 017 ****61.25

DOCUMENT # N37920

1. Entity Name

SARASOTA COUNTY LAW ENFORCEMENT OFFICERS' LODGE

Principal Place of Business

Mailing Address

P.O. BOX 3359
 VENICE FL 34293

P.O. BOX 3359
 VENICE FL 34293-0359

2. Principal Place of Business

3. Mailing Address

2500 TAYLOR RANCH TR.

2500 TAYLOR RANCH TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FLORIDA

City & State

VENICE FLORIDA

Zip

Country

34293 SARASOTA

Zip

Country

34293 SARASOTA

4. FEI Number

59-2107811

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

DUNKLEE, LARRY
2500 TAYLOR RANCH TRAIL
VENICE FL 34293

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNKLEE, LARRY 2500 TAYLOR RANCH TRAIL VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZIELINSKI, JERRY 42 STANFORD ROAD VENICE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALENTE, DARIO 6153 ROCKEFELLER AVE. SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CZACHUR, TIM 430 CRANE ROAD VENICE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

TIMOTHY A. CZACHUR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-00

941-474-3000

Date

Daytime Phone #