2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37920

Apr 24, 2003 Secretary of State

Entity Name: SARASOTA COUNTY LAW ENFORCEMENT OFFICERS' LODGE NUMBER 45, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1841 244 SHOPPING AVE

ENGLEWOOD, FL 34223 161

SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

P.O. BOX 1841 244 SHOPPING AVE ENGLEWOOD, FL 34223

SARASOTA, FL 34237

FEI Number: 59-2107811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNKLEE, LARRY ENOS, TIMOTHY

3255 NOCTURNE ROAD 5645 ĆOUNTRY WALK WAY VENICE, FL 34293 SARASOTA, FL 34233

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: TIMOTHY ENOS 04/24/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DUNKLEE, LARRY PELFREY, MICHAEL Name: Name: 3255 NOCTURNE ROAD Address: 4183 WINFALL AVE Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: NORTH PORT, FL 34286

Title: VD () Delete Title: (X) Change () Addition

ENOS, TIMOTHY Name: ENOS, TIMOTHY Name:

Address: 5645 COUNTRY WALK WAY Address: 5645 COUNTRY WALK WAY City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233

Title: () Delete Title: (X) Change () Addition

WHITEHEAD, BRUCE DUFFY, BETH Name: Name: 2175 E. LEEWYNN DRIVE 4410 YACHT CLUB DR Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: (X) Change () Addition

CZACHUR, TIMOTHY Name: Name: SULLIVAN, BARRY 430 CRANE ROAD 4098 WESTBOURNE CIR Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY ENOS PD 04/24/2003