

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90183 001 ****61.25
 07-28-2002 90183 002 *****8.75

DOCUMENT # N97000001574

1. Entity Name

THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION, INC.

Principal Place of Business: **2900 APALACHEE PARKWAY, ROOM A315 TALLAHASSEE FL 32399**
 Mailing Address: **2900 APALACHEE PARKWAY, ROOM A315 TALLAHASSEE FL 32399**

97858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3495705**
 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

~~TRAMMEL, MARK R CAPT~~
 2900 APALACHEE PARKWAY, ROOM M5-51
 TALLAHASSEE FL 32399

Name **LESLIE C HEROLD, LT.**
 Street Address (P.O. Box Number is Not Acceptable) **B 333 2900 APALACHEE PARKWAY Room M5-51**
 City **TALLAHASSEE** FL Zip Code **32399**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ralph Torres, CFO Director* **7.24.02**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

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 | |
|----------------------------|---|
| TITLE NAME | D SHEFFER, STEVEN A <input type="checkbox"/> Delete |
| STREET ADDRESS | 4332 KINCARDINE DRIVE JACKSONVILLE FL 32257 |
| TITLE NAME | D PAVONE, CARMELLO <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 18444 SW 294TH TERRACE HOMESTEAD FL 33030 |
| TITLE NAME | D TORRES, RALPH <input type="checkbox"/> Delete |
| STREET ADDRESS | 12277 AREACA DR WELLINGTON FL 33414 |
| TITLE NAME | D DICKERSON, CARROLL W <input type="checkbox"/> Delete |
| STREET ADDRESS | 1551 E INTERNATIONAL SPEEDWAY BLVD DELAND FL 32724 |
| TITLE NAME | D WARRICK, GEORGE P <input type="checkbox"/> Delete |
| STREET ADDRESS | 4360 PETERS ROAD FT LAUDERDALE FL 33317 |
| TITLE NAME | D COLEY, DAVID A <input type="checkbox"/> Delete |
| STREET ADDRESS | 5130 PRESIDENTS CIRCLE MARIANNA FL 32446 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <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: *Ralph Torres, CFO* **7.24.02 (561) 793-9863**

CR2E037 (4/02)