

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90076 043 ****61.25

DOCUMENT # N97000003256

1. Entity Name
LAW ENFORCEMENT EMERALD SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business 10031 N.W. 27TH TERRACE MIAMI FL 33172	Mailing Address 10031 N.W. 27TH TERRACE MIAMI FL 33172
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00037011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0773129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HAYES, SEAN
10031 N.W. 27 TERRACE
MIAMI FL 33172

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SULLIVAN, JACK	
STREET ADDRESS	8621 NW 124TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORAN, FRANK J	
STREET ADDRESS	19466 NW 24 PL	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE, JOAN R	
STREET ADDRESS	1085 SW 112TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKEY, MAUREEN D	
STREET ADDRESS	4940 SW 87TH COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KENNEDY, KENNETH	
STREET ADDRESS	1780 NW 82ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRINGTON, DONALD F SR	
STREET ADDRESS	1517 DELGADO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE: Kenneth R. Kennedy 4/23/02 954-501-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)