

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90024 030 \*\*\*\*61.25

**DOCUMENT # N94000002298**

1. Entity Name

**BROWARD FEDERAL LAW ENFORCEMENT LODGE # 138, FRA**

Principal Place of Business

Mailing Address

FUP DISTRICT #5  
9161 ROCK ISLAND RD.  
TAMARAC FL 33319  
USP.O. BOX 22416  
FT. LAUDERDALE FL 33335-2416**819771**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0406115**

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

**TALLENT, RICHARD G**  
**3701 SW 146TH AVE.**  
**MIRAMAR FL 33027**

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **TALLENT, RICHARD G**  
CITY-ST-ZIP **3701 SW 146TH AVE.**  
**MIRAMAR FL 33027**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **VASWANI, EMERIC**  
CITY-ST-ZIP **9456 NW 8TH CIRCLE**  
**PLANTATION FL 33324**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **RANDECKER, COURTNEY J**  
CITY-ST-ZIP **6830 SW 8TH STREET**  
**PEMBROKE PINES FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **SNODGRASS, CHARLES**  
CITY-ST-ZIP **18200 SW 48TH STREET**  
**FT LAUDERDALE FL 33331**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-1-2000 954-386-7241 x309**