2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 AM
Secretary of State

DOCUMENT# 709652

Entity Name: HILLSBOROUGH COUNTY SHERIFF'S JUNIOR DEPUTIES LEAGUE, INC.

Current Principal Place of Business:

2008-8TH AVENUE
P.O. BOX 3371
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

2008-8TH AVENUE
P.O. BOX 3371
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-6169879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, ELLEN
2008 E. 8TH AVENUE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HENDERSON, CAL	
Address:	2008 E. 8TH AVENUE	
City-St-Zip:	TAMPA, FL	
Title:	VD	( ) Delete
Name:	BARROW, BRUCE J.	
Address:	5725 NEBRASKA AVE	
City-St-Zip:	TAMPA, FL	
Title:	SD	( ) Delete
Name:	CARRENO,ANGEL,	
Address:	124 LAKE DRIVE	
City-St-Zip:	LUTZ, FL	
Title:	D	( ) Delete
Name:	NORTHROP, HOWARD	
Address:	2008 E. 8TH AVENUE	
City-St-Zip:	TAMPA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	BARROW, BRUCE J.	
Address:	12110 N. EDISON AV.	
City-St-Zip:	TAMPA, FL 33612	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: CAL HENDERSON PD 03/26/2002

Electronic Signature of Signing Officer or Director — Date