

**DOCUMENT # 752490**

1. Entity Name

**SEMINOLE COUNTY SHERIFF'S DEPARTMENT EMPLOYEES B**

Principal Place of Business

Mailing Address

**100 BUSH BLVD  
SANFORD FL 32773****100 BUSH BLVD  
SANFORD FL 32773-6706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6000860**

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

**PHILLIPS, MARSHALLYN****1345 28TH ST****SANFORD FL 32773****100 Bush Blvd.**

Name

Street Address (P.O. Box Number is Not Acceptable)

**100 Bush Boulevard**

City

**Sanford****FL**

Zip Code

**32773**

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	VD	<input type="checkbox"/> Delete
NAME	<b>RANKIN, JOHN</b>	
STREET ADDRESS	<b>3343 HOWARD BLVD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>ECKWAHL, DEBRA</b>	
STREET ADDRESS	<b>13 PADDOCK Court</b>	
CITY-ST-ZIP	<b>DEBRAY FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>CANON, SANDY</b>	
STREET ADDRESS	<b>635 FOX HUNT CIRCLE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, MARSHALLYN</b>	
STREET ADDRESS	<b>4356 ROCKY RIDGE PLACE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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: **Debra Eckwahl**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lee Eckwahl 2/10/00 407-665-6968****FILED  
Feb 17, 2000 8:00 am  
Secretary of State**

02-17-2000 90069 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)