

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90043 047 \*\*\*\*61.25

**DOCUMENT # 756764**

1. Entity Name

**SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1885 W. COMMERCIAL BLVD. #125  
FORT LAUDERDALE FL 33309

P.O. BOX 891  
FORT LAUDERDALE FL 33302-0891

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

**NOT APPLICABLE**

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

**LEVEY, JOHN H**  
**14370 68 DRIVE NORTH**  
**PALM BEACH GARDENS FL 33410**

Name **LOU CRISCELLA**

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

**1885 W. Commercial Blvd. ; Suite 125**  
**Fort Lauderdale, FL 33309**

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 *Louis Criscella*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/1/00**

**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 **D** ☒ Delete  
NAME **MC ARDLE, ED**  
STREET ADDRESS **5260 NW 55 BLVD**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **John H. Levey**  
STREET ADDRESS **14370 68 Drive North**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33416**

TITLE **D** ☒ Delete  
NAME **WHELAN, THOMAS**  
STREET ADDRESS **1885 W COMMERCIAL BLVD 1253125**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MICHAELS, MARIETTA**  
STREET ADDRESS **1885 W. COMMERCIAL BLVD, #125**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **CASEY, SHIRLEY**  
STREET ADDRESS **2318 DEER CREEK TRAIL**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PIETSCH, KENT**  
STREET ADDRESS **3717 S. DIXIE HWY. #1**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LEDEE, OTTO**  
STREET ADDRESS **10097 CLEARY BLVD. #318**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/00**  
Date

**954-771-6900**  
Daytime Phone #

CR2E037 19/991