

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90189 003 ****61.25

DOCUMENT # 766375

1. Entity Name

BIG BEND LAW ENFORCEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2415 N MONROE ST
 TALLAHASSEE FL 32303
 US**

**3308 CHARLESTON RD
 C/O LYNN D. CHANG
 TALLAHASSEE FL 32308
 US**

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

59-2261806

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

**CHANG, LYNN D
 3308 CHARLESTON RD
 TALLAHASSEE FL 32308**

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 **DCT** ☐ Delete
 NAME **CHANG, LYNN D**
 STREET ADDRESS **3308 CHARLESTON RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D/S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CARR, KEN**
 STREET ADDRESS **2661 EXECUTIVE CTR. CIR.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kelly, David**
 STREET ADDRESS **2100 mahan Drive**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☒ Delete
 NAME **SMITH, BOBBY**
 STREET ADDRESS **2871 EXECUTIVE CIRCLE W STE 201**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Change ☒ Addition
 NAME **Meggs, Willie**
 STREET ADDRESS **301 S. Monroe Street**
 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☐ Delete
 NAME **LASSITER, GARRY**
 STREET ADDRESS **234 EAST 7TH AVENUE**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition
 NAME **Garner / Charles**
 STREET ADDRESS **1300 Miccosukee Road**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ Delete
 NAME **GRIX, ANNE**
 STREET ADDRESS **325 JOHN KNOX RD., SUITE C100**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D/T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/C** ☐ Change ☒ Addition
 NAME **Varnadore, Art**
 STREET ADDRESS **2520 N. Monroe Street**
 CITY-ST-ZIP **Tallahassee, FL 32303**

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:

Lynn D. Chang
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn D. Chang

4/25/02
 Date

922-9573
 Daytime Phone #

CR2E037 (9/01)