

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004201

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA DEPUTY SHERIFFS ASSOCIATION, INC.

Current Principal Place of Business:

10680 NW 25 STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10680 NW 25 STREET
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0917441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLODGY, RICHARD
10680 NW 25 STREET
MIAMI, FL 33172

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: D () Delete
Name: KOLODGY, RICHARD
Address: 10680 NW 25 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: RIVERA, JOHN
Address: 10680 NW 25 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: NEWMAN, PETER
Address: 10680 NW 25 STREET
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD KOLODGY

D

03/05/2002

Electronic Signature of Signing Officer or Director

_____ Date