

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90051 038 \*\*\*\*61.25

0034462

**DOCUMENT # NO1000001718**

1. Entity Name

**BROWARD LAW ENFORCEMENT DETACHMENT MARINE CORP L  
 EAGUE 549, & AUXILIARY, INC.**

Principal Place of Business

Mailing Address

9796 MARINA BLVD. #222  
 BOCA RATON FL 33428

9796 MARINA BLVD. #222  
 BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1561 SUNSET STRIP  
 Suite, Apt. #, etc.  
 970 V.F.W. Bldg 7115

1561 SUNSET STRIP  
 Suite, Apt. #, etc.

City & State

City & State

SUNRISE FL.

SUNRISE FL.

4. FEI Number

Applied For

65-1039456

Not Applicable

Zip

Country

Zip

Country

33313

U.S.A.

33313

U.S.A.

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

SPEARS, JAMES  
 9796 MARINA BLVD. #222  
 BOCA RATON FL 33428

MELVIN D CAMBRON  
 Street Address (P.O. Box Number is Not Acceptable)  
 3050 SUNRISE LAKE DR. E. #424  
 City SUNRISE FL Zip Code 33322

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

*Melvin D. Cambon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/02

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  
 NAME PD CAMBRON, MELVIN D ☐ Delete  
 STREET ADDRESS 3050 SUNRISE LAKE DR. E #424  
 CITY-ST-ZIP SUNRISE FL 33322

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

TITLE  
 NAME VPD WINSTON, MARTIN ☐ Delete  
 STREET ADDRESS 11689 N.W. 11TH ST.  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE  
 NAME VPD ODESSA, MICHAEL ☒ Delete  
 STREET ADDRESS 901 LYONS RD. APT. 1105  
 CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE  
 NAME VPD WALTER REID ☐ Change ☒ Addition  
 STREET ADDRESS 7400 W. 15TH ST  
 CITY-ST-ZIP PLANTATION 33313

TITLE  
 NAME SD CRANE, THOMAS ☐ Delete  
 STREET ADDRESS 4975 E. SABAL PALM BLVD. #103  
 CITY-ST-ZIP TAMARAC FL 33319

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

TITLE  
 NAME TD GARDNER, RICHARD ☐ Delete  
 STREET ADDRESS 6897 N.W. 12TH CT.  
 CITY-ST-ZIP PLANTATION FL 33313

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

TITLE  
 NAME D SPEARS, JAMES ☐ Delete  
 STREET ADDRESS 9796 MARINA BLVD. #222  
 CITY-ST-ZIP BOCA RATON FL 33428

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

*Melvin D. Cambon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02 954-746-8686

CR2E037 (9/01)