

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90054 028 ****61.25

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1. Entity Name

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



Principal Place of Business

**6561 SUNSET STRIP
C/O V.F.W. PORT 7115
SUNRISE FL 33313**

Mailing Address

**6561 SUNSET STRIP
SUNRISE FL 33313**

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 **65-1039456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CAMBRON, MELVON D
3050 SUNRISE LAKES DRIVE EAST
#424
SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name

WALTER K. REID

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

7400 N.W. 15TH STREET

City

PLANTATION

FL

Zip Code

33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Walter K. Reid

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

(NOTE: Registered Agent signature required when reinstating)

DATE

27 APRIL 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMBRON, MELVIN D	
STREET ADDRESS	3050 SUNRISE LAKE DR. E #424	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WINSTON, MARTIN	
STREET ADDRESS	11689 N.W. 11TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REID, WALTER	
STREET ADDRESS	7400 W 15TH STREET	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRANE, THOMAS	
STREET ADDRESS	4975 E. SABAL PALM BLVD. #103	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARDNER, RICHARD	
STREET ADDRESS	6897 N.W. 12TH CT.	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEARS, JAMES	
STREET ADDRESS	9796 MARINA BLVD. #222	
CITY-ST-ZIP	BOCA RATON FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER K. REID	
STREET ADDRESS	7400 N.W. 15TH ST.	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Walter K. Reid

27 APRIL 03

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CR2E037 (10/02)