

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90236 034 \*\*\*\*\*61.25

**DOCUMENT # N02000002815**

1. Entity Name

**UNITED STATES MOUNTED POLICE TRAINING GROUP, INC**



Principal Place of Business

**9301 S.W. 41ST TERRACE  
MIAMI FL 33165**

Mailing Address

**9301 S.W. 41ST TERRACE  
MIAMI FL 33165**

2. Principal Place of Business

**9301 S.W. 41 Terr.**

3. Mailing Address

**9301 S.W. 41 Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33165**

Country

**FLORIDA**

Zip

**33165**

Country

**FLORIDA**

4. FEI Number **01-0658781**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EADES, WILLIAM  
9301 S.W. 41ST TERRACE  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete  
NAME: **CAVALLO, JOSEPH V**  
STREET ADDRESS: **3270 HODGES ROAD**  
CITY-ST-ZIP: **LOGANVILLE, GA 30249**

TITLE: **VD** ☐ Delete  
NAME: **EADES, WILLIAM**  
STREET ADDRESS: **9301 S.W. 41ST TERRACE**  
CITY-ST-ZIP: **MIAMI FL 33165**

TITLE: **STD** ☐ Delete  
NAME: **KESSLER, RUTH**  
STREET ADDRESS: **6598 S.W. 118TH AVENUE**  
CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

*William Eades*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-03**

Date

Daytime Phone #

CR2E037 (10/02)