

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90620 035 ****61.25

DOCUMENT # N06532

1. Entity Name

THE STATE LAW ENFORCEMENT CHIEFS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

P O BOX 13852
TALLAHASSEE FL 32317

P O BOX 13852
TALLAHASSEE FL 32317

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

59-3659797

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

WILLIAMSON, DENNIS
2331 PHILLIPS ROAD
TALLAHASSEE FL 32308

Name

Judson Chapman

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

Neil Kirkman Bldg. A 432

2900 Apalachee Pkwy.

City

Tallahassee, FL

FL

Zip Code

32399

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 Judson Chapman

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

Judson Chapman

(NOTE: Registered Agent signature required when reinstating)

3/21/02

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 **PD** ☒ Delete
NAME **WILLIAMSON, DENNIS**
STREET ADDRESS **2331 PHILLIPS ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PD** ☒ Change ☐ Addition
NAME **GRAHAM W. Fountain**
STREET ADDRESS **1815 Thomasville Rd. Tal., FL 32308**
CITY-ST-ZIP **32308**

TITLE **VD** ☒ Delete
NAME **FOUNTAIN, GRAHAM**
STREET ADDRESS **1815 THOMASVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VD** ☐ Change ☒ Addition
NAME **Thomas Tramel, III**
STREET ADDRESS **3900 Commonwealth Blvd.**
CITY-ST-ZIP **Tallahassee, FL 32399**

TITLE **VD** ☒ Delete
NAME **HALL, CHARLES C**
STREET ADDRESS **NEIL KIRKMAN BLDG., ROOM A-440**
CITY-ST-ZIP **TALLA FL 32399-0500**

TITLE **VD** ☐ Change ☒ Addition
NAME **Larry L. Austin**
STREET ADDRESS **2900 Apalachee Pkwy.**
CITY-ST-ZIP **Tallahassee, FL 32399**

TITLE **VD** ☒ Delete
NAME **MEEK, TERRY**
STREET ADDRESS **ROOM 213, THE CAPITOL**
CITY-ST-ZIP **TALLA FL 32316**

TITLE **VD** ☐ Change ☒ Addition
NAME **Alphonso J. Smith**
STREET ADDRESS **1490 N. Monroe St. Tall., FL 32399**
CITY-ST-ZIP **32399**

TITLE **ST** ☒ Delete
NAME **MCGREGOR, KENT**
STREET ADDRESS **2331 PHILLIPS ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **ST** ☐ Change ☒ Addition
NAME **DAVID B. Binder**
STREET ADDRESS **1815 Thomasville Rd.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
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 persons.

SIGNATURE:

Judson Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/02 850/922-2016

CR20037 (9/01)