

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09516

1. Entity Name

THIRD CIRCUIT LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.

FILED

Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90194 039 ****61.25

Principal Place of Business

Mailing Address

100 SE COURT ST.
PO DRAWER 1546
LIVE OAK FL 32060
US

100 SE COURT STREET
P. O. DRAWER 1546
LIVE OAK FL 32064
US

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

59-2556360

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

JARVIS, ROBERT L. (SKIP), JR.
100 S. E. COURT STREET
LIVE OAK FL 32060

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
P GRAVES, FRED
STREET ADDRESS RT 7 BOX 369 "NA"
CITY-ST-ZIP LAKE CITY FL

TITLE NAME ☒ Change ☐ Addition
P Graves, Fred
STREET ADDRESS Rt. 27 Box 24872
CITY-ST-ZIP Lake City, FL 32024

TITLE NAME ☐ Delete
S CROSS, SAMMIE
STREET ADDRESS 100 SE COURT STREET
CITY-ST-ZIP LIVE OAK FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D JEFF MERRITT
STREET ADDRESS 1685 COOPRFIELD DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D FRED GRAVES
STREET ADDRESS RT. 7 BOX 369 "NA"
CITY-ST-ZIP LAKE CITY FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D HARDEN, SCOTT
STREET ADDRESS PO BOX 470 "NA"
CITY-ST-ZIP CROSS CITY FL 32628

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: *Sammie Cross* *3-28-02* *386-362-2320*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)