

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09665

1. Entity Name

FLORIDA LAW ENFORCEMENT GAMES INCORPORATED

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90151 016 \*\*\*\*61.25

Principal Place of Business

2014 KENNETH ST.  
JACKSONVILLE FL 32207

Mailing Address

2014 KENNETH ST.  
JACKSONVILLE FL 32207-3728

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

59-2659870

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

AKEL, DANIEL D.  
2301 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202-2059

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 ☒ Delete  
NAME VD  
STREET ADDRESS PARIS, BRAD  
CITY-ST-ZIP 14709 CAPRI ROAD  
ORLANDO FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Michael Casey  
CITY-ST-ZIP 13716 74th ST  
West Palm Bch., FL 33412

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS DEMERS, NORM  
CITY-ST-ZIP 1045 RIVERSIDE AVE #180  
JACKSONVILLE FL

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BALL, WILLIAM  
CITY-ST-ZIP 13350 SW 40TH  
MIAMI FL

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BAUERS, NORB  
CITY-ST-ZIP 8041 SW 20TH PLACE  
DAVIE FL

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BINGLE, DOUGLAS  
CITY-ST-ZIP 310 MIRAMAR ROAD  
LAKELAND FL 33803

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MAXEY, H. B.  
CITY-ST-ZIP 333 W. SLIGH AVE  
TAMPA FL 33614

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: *Norm Demers* **Norm Demers** 01/12/00 904/3969977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)