

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38199

1. Entity Name

THE NATIONAL LAW ENFORCEMENT SPORTS FEDERATION L

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90161 033 ****70.00

Principal Place of Business	Mailing Address
% CLARENCE MCDONALD 1140 37TH AVE NE ST. PETERSBURG FL 33704	% CLARENCE MCDONALD 1140 37TH AVE NE ST. PETERSBURG FL 33704-1626

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3066227	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCDONALD, CLARENCE
1140 37TH AVE NE
ST. PETERSBURG FL 33704

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.

SIGNATURE C. McDonald DATE 2/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PDST	<input type="checkbox"/> Delete
NAME	MCDONALD, CLARENCE	
STREET ADDRESS	1140 37TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOPPELMANN, BARBARA	
STREET ADDRESS	1140 37TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D...	<input type="checkbox"/> Delete
NAME	ORTIZ, RICHARD	
STREET ADDRESS	315 CRYSTAL GOBLET COURT	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: C. McDonald DATE 2/22/00 DAYTIME PHONE # 727-822-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)