

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000648

1. Entity Name

THE COMMISSION FOR FLORIDA LAW ENFORCEMENT ACCRE

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90054 024 ****61.25

Principal Place of Business	Mailing Address
400 WEST ROBINSON ST STE 1023 SOUTH ORLANDO FL 32801 US	400 WEST ROBINSON ST STE 1023 SOUTH ORLANDO FL 32801-1736 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3504 Lake Lynda Drive Suite, Apt. #, etc. # 380 City & State Orlando, FL Zip 32817 Country USA	3. Mailing Address 3504 Lake Lynda Dr. Suite, Apt. #, etc. # 380 City & State Orlando, FL Zip 32817 Country USA
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4. FEI Number 59-3308040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THEODORIDES, ELECTRA M 2071 RINGLING BLVD RM 241A SARASOTA FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRD, W. DOUGLAS JUDGE 315 COURT STREET, ROOM 484 CLEARWATER FL 34616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERGER, WILLIAM B CHIEF 16901 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUIGLEY, RICHARD F. PO BOX 2451 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WORCH, RICHARD H 2550 AIRPORT RD PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORCH, RICHARD H. 2550 AIRPORT RD PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OELRICH, STEPHEN SHERIFF 913 SE 5TH STREET GAINESVILLE FL 32601-8011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAURAVICH, PAUL 4202 E FOWLER AVE. UPB 002 TAMPA, FL 33620 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUGH, JERRY A 5790 MARGATE BLVD MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIQUORI, WILLIAM A CHIEF 225 NEWBURY PORT AVE NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen Sheriff Date: _____ Daytime Phone #: (407) 275-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)