FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am DOCUMENT # N9500000648 **Secretary of State** 1. Entity Name THE COMMISSION FOR FLORIDA LAW ENFORCEMENT ACCRE 02-27-2001 90348 039 ****61.25 Principal Place of Business Mailing Address 3504 LAKE LYNDA DRIVE 3504 LAKE LYNDA DRIVE STE 380 STE 380 815011 ORLANDO FL 32817 ORLANDO FL 32817 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3308040 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THEODORIDES, ELECTRA M 2071 RINGLING BLVD **RM 241A** City Zip Code SARASOTA FL 34237 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE Addition Scott, Andrew J.III Blud BAIRD, W. DOUGLAS JUDGE NAME NAME 315 COURT STREET, ROOM 484 STREET ADDRESS STREET ADDRESS Boca Ration, FL 33432 CITY-ST-ZIP **CLEARWATER FL 34616** CITY-ST-ZIP Wheeler Richard T 32800 Hwy 27 **⊠**-Addition TITLE Delete TITLE ☐ Change QUIGLEY, RICHARD F NAME NAME STREET ADDRESS PO BOX 2451 STREET ADDRESS Haines-City FL 33844 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32115 Addition TITLE Delete TITLE Change Hunter, Don 3301 E. Tamiani Trail, Bldg A WORCH, RICHARD H NAME NAME 2550 AIRPORT RD STREET ADDRESS STREET ADDRESS Naples, FL 34112 CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** Morris, Charles Delete Change **Addition** TITLE TITLE URAVICH, PAUL NAME NAME 1250 Eglin Parkway 4202 E FOWLER AVE UPB 002 STREET ADDRESS STREET ADDRESS Shalimar, Fr 32579 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33620 ☐ Addition Delete Change BLOUGH, JERRY A NAME NAME STREET ADDRESS 5790 MARGATE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LIQUORI, WILLIAM A CHIEF NAME NAME STREET ADDRESS 225 NEWBURY PORT AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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



02-13-01

954-972-7363

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