

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90029 025 \*\*\*\*\*61.25

0068163

**DOCUMENT # N95000000648**

1. Entity Name

**THE COMMISSION FOR FLORIDA LAW ENFORCEMENT ACCRE  
DITATION, INC.**

Principal Place of Business

Mailing Address

**3504 LAKE LYNDA DRIVE  
STE 380  
ORLANDO FL 32817  
US****3504 LAKE LYNDA DRIVE  
STE 380  
ORLANDO FL 32817  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3308040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****THEODORIDES, ELECTRA M  
2071 RINGLING BLVD  
RM 241A  
SARASOTA FL 34237**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SCOTT, ANDREW J III	100 NW BOCA RATON BLVD	BOCA RATON FL 33432	<input type="checkbox"/>
D	WHEALER, RICHARD T	32800 HWY 27	HAINES CITY FL 33844	<input type="checkbox"/>
D	HUNTER, DON	3301 E TAMiami TRAIL, BLDG A	NAPLES FL 34112	<input type="checkbox"/>
D	MORRIS, CHARLES	1250 EGLIN PARKWAY	SHALIMAR FL 32579	<input type="checkbox"/>
C	BLOUGH, JERRY A	5790 MARGATE BLVD	MARGATE FL 33063	<input type="checkbox"/>
D	LIQUORI, WILLIAM A CHIEF	225 NEWBURY PORT AVE	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02**

Date

Daytime Phone #

CR2E037 (9/01)