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FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90087 027 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

34513

DOCUMENT # N97000002483

1. Entity Name

**THE PALM BEACH COUNTY LAW ENFORCEMENT
FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 Chilean Avenue

Suite, Apt. #, etc.

3. Mailing Address

401 Chilean Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL 33480

Zip

Country

City & State

Palm Beach, FL 33480

Zip

Country

4. FEI Number

65-0756634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Valdes-Fauli Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Dr., Suite 500 East

City

West Palm Beach

FL

Zip Code

33401

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 date if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FEES \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DCP
Winter, Richard E.
401 Chilean Avenue
Palm Beach, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DVP
Silverman, Jeffrey S.
777 Third Ave.
New York, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DTS
Ranson, Charles W., Jr.
205 Royal Palm Way
Palm Beach, FL 33480**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0376 (12/01)