

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90095 049 ****61.25

DOCUMENT # N97000002719

1. Entity Name

CITIZENS LAW ENFORCEMENT ALUMNI RESOURCE TEAM, I

Principal Place of Business	Mailing Address
SARASOTA COUNTY SHERIFF'S OFFICE % P.O. BOX 4115 TRAINING CENTER SARASOTA FL 34230-4115 US	SARASOTA COUNTY SHERIFF'S OFFICE % P.O. BOX 4115 TRAINING CENTER SARASOTA FL 34230 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENSLER, SHERI
2353 BENEVA TERRACE
SARASOTA FL 34232

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 _____ DATE _____
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.

\$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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: P <input type="checkbox"/> Delete NAME: ROMANOFF, RICHARD STREET ADDRESS: 3037 RINGWOOD MEADOW CITY-ST-ZIP: SARASOTA FL 34235	TITLE: Same <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Same STREET ADDRESS: Same CITY-ST-ZIP: Same
TITLE: VP <input checked="" type="checkbox"/> Delete NAME: FINNIMORE, JOHN STREET ADDRESS: 1837 SPRINGWOOD DR CITY-ST-ZIP: SARASOTA FL 34232	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Ron Joubert STREET ADDRESS: 1624 Landfall Dr, W CITY-ST-ZIP: Nokomis, FL 34275
TITLE: S <input type="checkbox"/> Delete NAME: GAETA, STEVEN STREET ADDRESS: 1060 FOXCREEK DR CITY-ST-ZIP: SARASOTA FL 34240	TITLE: Same <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Same STREET ADDRESS: Same CITY-ST-ZIP: Same
TITLE: T <input type="checkbox"/> Delete NAME: GENSLER, SHERI STREET ADDRESS: 2353 BEREVA TERRACE CITY-ST-ZIP: SARASOTA FL 34232	TITLE: Same <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Same STREET ADDRESS: Beneva CITY-ST-ZIP: Same
TITLE: D <input checked="" type="checkbox"/> Delete NAME: TARLETON, BARRY STREET ADDRESS: 4003 WESTMINSTER DR CITY-ST-ZIP: SARASOTA FL 34241	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Ed Higgins STREET ADDRESS: 187 Doreness Ave CITY-ST-ZIP: Nokomis, FL 34275
TITLE: D <input type="checkbox"/> Delete NAME: EMMONS, KRISTEN STREET ADDRESS: 2910 LALANI BLVD CITY-ST-ZIP: SARASOTA FL 34232	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Barbara Waters STREET ADDRESS: 3130 Floyd St CITY-ST-ZIP: Sarasota, FL 34239

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: Sheri Gensler **Sheri Gensler** 3-7-00 941 951-85
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #