

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90363 019 ****61.25

0063339

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 34230-4115
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3453183

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

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

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	P	<input type="checkbox"/> Delete
NAME	ROMANOFF, RICHARD	
STREET ADDRESS	3037 RINGWOOD MEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOUBERT, RON	
STREET ADDRESS	1624 LANDFALL DRIVE	
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	T	<input type="checkbox"/> Delete
NAME	GENSLER, SHERI	
STREET ADDRESS	2353 BEREVA TERRACE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARLETON, BARRY	
STREET ADDRESS	4003 WESTMINSTER DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMMONS, KRISTEN	
STREET ADDRESS	2910 LALANI BLVD	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Finnimore John	
STREET ADDRESS	1837 Springwood Dr.	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kendis Calvin	
STREET ADDRESS	4322 MARCOTT CR.	
CITY-ST-ZIP	SARASOTA FL. 34233	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gensler Sheri	
STREET ADDRESS	2353 Beneva Terrace	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN GAETA	
STREET ADDRESS	1060 FOX CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN, Jim	
STREET ADDRESS	3857 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romanoff Richard	
STREET ADDRESS	3037 Ringwood Meadow	
CITY-ST-ZIP	Sarasota FL 34235	

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:

SIGNATURE REQUIRED

4/17/01

941 921 7778

CR2E037 (10/00)