

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-11-2002 90039 045 ****61.25

DOCUMENT # N97000002719

1. Entity Name

**CITIZENS LAW ENFORCEMENT ALUMNI RESOURCE TEAM, I
 NC.**

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 **JOHN FINNIMORE**

Street Address (P.O. Box Number Is Not Acceptable)
1837 SPRINGWOOD DR.

City **SARASOTA**

FL

Zip Code **34232**

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

John R. Finnimore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/2002

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	P ROMANOFF, RICHARD 3037 RINGWOOD MEADOW SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOUBERT, RON 1624 LANDFALL DRIVE NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAETA, STEVEN 2353 BENEVA TERRACE SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAETA, STEVEN 1060 FOX CREEK DRIVE SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARLETON, BARRY 4003 WESTMINSTER DR SARASOTA FL 34241	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANOFF, RICHARD 3037 RINGWOOD MEADOW SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN FINNIMORE 1837 SPRINGWOOD DR. SARASOTA, FL. 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLAND COWSER 4133 LOSILLIAS DR. SARASOTA, FL. 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALVIN KENDIG 4322 MARCOTT CR. SARASOTA, FL. 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALERIE SILVER 5021 BARRINGTON CR. SARASOTA, FL. 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN GAETA 2353 BENEVA TERRACE SARASOTA, FL. 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD ROMANOFF 3037 RINGWOOD MEADOW SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John R. Finnimore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2002

DATE

941 378 4522

DAYTIME PHONE #

PLEASE SEE REVERSE

CR2E037 (9/01)