

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90033 014 ****61.25

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1. Entity Name

LAW ENFORCEMENT EMERALD SOCIETY OF SOUTH FLORIDA

Principal Place of Business

**10031 N.W. 27TH TERRACE
MIAMI FL 33172**

Mailing Address

**10031 N.W. 27TH TERRACE
MIAMI FL 33172**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, SEAN
10031 N.W. 27 TERRACE
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☒ Delete
NAME **HAYES, SEAN**
STREET ADDRESS **10031 NW 27 TER**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VD** ☒ Delete
NAME **MORAN, FRANK J**
STREET ADDRESS **19466 NW 24 PL**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **VD** ☒ Delete
NAME **CLARKE, JOAN R**
STREET ADDRESS **1085 SW 112TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **SD** ☐ Delete
NAME **HICKEY, MAUREEN D**
STREET ADDRESS **4940 SW 87TH COURT**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **TD** ☒ Delete
NAME **EATON, BRENT**
STREET ADDRESS **11501 NW 26TH ST**
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **D** ☐ Delete
NAME **HARRINGTON, DONALD F SR**
STREET ADDRESS **1517 DELGADO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **FRANK MORAN**
STREET ADDRESS **19466 NW 24TH PLACE**
CITY-ST-ZIP **PEMBROKE PINES, FLORIDA 33029**

TITLE **VD** ☒ Change ☐ Addition
NAME **JOAN R. CLARKE**
STREET ADDRESS **1085 SW 112TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FLORIDA 33025**

TITLE **VD** ☒ Change ☐ Addition
NAME **JACK SULLIVAN**
STREET ADDRESS **8621 SW 124 TH STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **KENNETH KENNEDY**
STREET ADDRESS **1780 NW 82ND AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FLORIDA 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)