

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000524

1. Entity Name

SENIORS AND LAWENFORCEMENT TOGETHER, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90048 051 ****61.25

Principal Place of Business

Mailing Address

1250 EGLIN PARKWAY
SHALIMAR FL 32579 - 2307

1250 EGLIN PARKWAY
SHALIMAR FL 32579-2307

2. Principal Place of Business

1250 EGLIN PARKWAY

3. Mailing Address

1250 EGLIN PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SHALIMAR, FL.

City & State

SHALIMAR, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32579

Country

OKALOOSA

Zip

32579

Country

OKALOOSA

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

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

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 DP ☐ Delete
NAME LEWIS, JAMES E
STREET ADDRESS 1018 37TH ST
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE DV ☒ Delete
NAME CAMERON, SUSIE
STREET ADDRESS 314 ECHO CIRCLE
CITY-ST-ZIP FT WALTON BCH FL 32548

TITLE ☒ Change ☐ Addition
NAME DV SAWYER, JIM
STREET ADDRESS 502 DONA DRIVE
CITY-ST-ZIP FT. WALTON BEACH, FL. 32547

TITLE DS ☐ Delete
NAME STOVALL, MARIANNA
STREET ADDRESS 311 COUNTRY CLUB DR
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE DT ☒ Delete
NAME TROIANO, GLORIA
STREET ADDRESS 887 SHALIMAR CT
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☒ Change ☐ Addition
NAME DT CAMERON, SUSIE
STREET ADDRESS 314 ECHO CIRCLE
CITY-ST-ZIP FT. WALTON BEACH, FL. 32548

TITLE DT ☒ Delete
NAME DOHERTY, GAYLENE
STREET ADDRESS 915 SHALIMAR PT DR
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARIANNA STOVALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2000 850-651-7025
Date Daytime Phone #

CR2E037 (9/99)