

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006605

1: Entity Name

TAMPA BAY LAW ENFORCEMENT CHARITIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 7:42

Principal Place of Business

Mailing Address

2434 DARTMOUTH AVE. NORTH
ST. PETERSBURG FL 33713

2434 DARTMOUTH AVE. NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

2521 Erie St. So.
Suite, Apt. #, etc.

2521 Erie St. So.
Suite, Apt. #, etc.

REINSTATEMENT

City & State

St. Pete, Florida

Zip
33712

Country
Pinellas

City & State

St. Pete, Florida

Zip
33712

Country
Pinellas

4. FEI Number

59-3608889

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS, CARL
2434 DARTMOUTH AVE. NORTH
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name
Valeria Graham
Street Address (P.O. Box Number is Not Acceptable)
2521 Erie St. South
City
St. Petersburg FL Zip Code
33712

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

Valeria Graham / Valeria Graham

Sept. 29, 2000

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

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, CARL 2434 DARTMOUTH AVE. NORTH ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYATT, CLEVAN L 1303 BRIGADOON DR. CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWETH, LARA 10407 21ST ST. N. TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Valeria Graham/PD 2521 Erie St. So. St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD/VP Howeth, RON 10407 21st St. N. TAMPA, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Howeth, LARA 10407 21st St. N. Tampa, FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations Director Fence, Don 3730 Oak St. NE. St. Pete, FL 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(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:

Valeria Graham REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 29, 2000 323-9376

CR2E037 (5/00)