



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about January 5, 2017 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

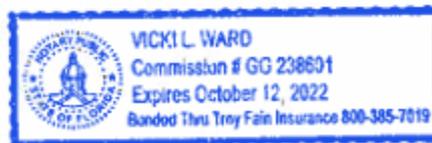
[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____

Registration No: 916154

Person Number: 73274

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
 (Street Address) (City) (State) (Zip)
 County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
 (Street Address or location) (City) (State) (Zip)
 County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
 Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
 (Street Address) (City) (State) (Zip)
 County: Saint Thomas Contact Person: _____

<p>Mailing Address</p> <p><input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary</p> <p>9 E 71st St (Address Line 1) _____ (Address Line 2) New York NY 10021 (City) (State) (Zip) County: New York End Date: _____</p>	<p>Phone Numbers Please note: The registrant has reported additional phones not displayed here.</p> <p><input type="checkbox"/> I do NOT have or use any home or mobile phone numbers</p> <table border="1"> <thead> <tr> <th>Phone Number:</th> <th>Phone Type:</th> </tr> </thead> <tbody> <tr> <td>1. [REDACTED]</td> <td>Home</td> </tr> <tr> <td>2. [REDACTED]</td> <td>Mobile</td> </tr> <tr> <td>3. [REDACTED]</td> <td>Fax</td> </tr> <tr> <td>4. [REDACTED]</td> <td>Work</td> </tr> <tr> <td>5. [REDACTED]</td> <td>Fax</td> </tr> </tbody> </table>	Phone Number:	Phone Type:	1. [REDACTED]	Home	2. [REDACTED]	Mobile	3. [REDACTED]	Fax	4. [REDACTED]	Work	5. [REDACTED]	Fax
Phone Number:	Phone Type:												
1. [REDACTED]	Home												
2. [REDACTED]	Mobile												
3. [REDACTED]	Fax												
4. [REDACTED]	Work												
5. [REDACTED]	Fax												

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
 (Number) (Type) (Issued by)

Registration No: 916154

Person Number: 73274

Passport I do NOT have a Passport.

1. C13441578 (Number) 10/11/2016 (Issue Date) 10/10/2024 (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or Internet Identifiers.
 Please note: The registrant has reported additional online accounts not displayed here.
 columbiadental1@yahoo.com, jeeproject@yahoo.com

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. (Type) (Location) (Description)

2. (Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
 Please note: The registrant has reported additional vehicles not displayed here.

1. 2013 (Year) Ford (Make) EXPEDITION (Model) Black (Color/Color Scheme) Truck (Vehicle Type)
 522rzz (License Tag #) NM (State) This vehicle is: NOT used as a residence Used as a residence Owned by registrant

2. 2012 (Year) Cadillac (Make) OTHER (Model) Black (Color/Color Scheme) Truck (Vehicle Type)
 fx3455 (License Tag #) NY (State) This vehicle is: NOT used as a residence Used as a residence Owned by registrant

Vessels I do NOT own a vessel or houseboat.
 Please note: The registrant has reported additional vessels not displayed here.

1. 2011 (Year) Other (Vessel Type) White (Color/Color Scheme) (Name of Vessel)
 yes (Registration #) This vessel is: NOT used as a residence Used as a residence

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County), _____ (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County), _____ (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Internet identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication, but does not include a date of birth, social security number, or personal identification number (PIN). Voluntary disclosure by a sexual predator of his or her date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption in this paragraph for such personal information.

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Professional license" means the document of authorization or certification issued to me by an agency of this state for a regulatory purpose, or by any similar agency in another jurisdiction for a regulatory purpose, for me to engage in an occupation or carry out a trade or business.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. {F.S. 943.0435(2)(a); 775.21(6)(e)}.
FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.
2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. {F.S. 943.0435(2)(b); 775.21(6)(a)1.}.
FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.
3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: **"SEXUAL PREDATOR"** or **"943.0435, F.S."** unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. {F.S. 943.0435(3); 775.21(6)(f)}.
FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.
4. **Before using any electronic mail address or Internet identifier I MUST report** it using the online system maintained by the Florida Department of Law Enforcement or **in person** at the sheriff's office. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer before using such electronic mail addresses or Internet identifiers. (F.S. 943.0435(4)(e)1.; 775.21(6)(g)5.a.).
FAILURE TO REPORT THIS INFORMATION PRIOR TO USE IS A THIRD DEGREE FELONY.

5. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. These reporting requirements do NOT negate the requirement for me to obtain a Florida driver license or identification card as required by this section. (F.S. 943.0435(4)(a); 775.21(6)(g)1.).
FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.
6. If I am enrolled or employed, whether for compensation or as a volunteer at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, MUST be reported using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours after any change in status. (F.S. 943.0435(2)(b)2.; 943.0435(14)(c)2.; 775.21(6)(a)1.b.; 775.21(8)(a)2.).
FAILURE TO REPORT THIS INFORMATION WITHIN 48 HOURS IS A THIRD DEGREE FELONY.
7. I MUST report all changes to home telephone numbers and cellular telephone numbers, including added and deleted numbers within 48 hours of any change in the information using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours of any change. (F.S. 943.0435(4)(e)2.; 775.21(6)(g)5.b.).
FAILURE TO REPORT THIS INFORMATION WITHIN 48 HOURS IS A THIRD DEGREE FELONY.
8. I MUST report all changes to employment information within 48 hours of any change in the information using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours of any change. (F.S. 943.0435(4)(e)2.; 775.21(6)(g)5.b.).
FAILURE TO REPORT THIS INFORMATION WITHIN 48 HOURS IS A THIRD DEGREE FELONY.
9. I MUST report any changes in vehicles owned within 48 hours **in person** at the sheriff's office. (F.S. 943.0435(2)(b)3.; 775.21(6)(a)1.c.).
FAILURE TO REPORT THIS INFORMATION WITHIN 48 HOURS IS A THIRD DEGREE FELONY.
10. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the sheriff's office in the county where I am located within 48 hours. (F.S. 943.0435(4)(b)1.; 775.21(6)(g)2.a.).
FAILURE TO REPORT THIS INFORMATION WITHIN 48 HOURS IS A THIRD DEGREE FELONY.
11. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. (F.S. 943.0435(4)(c); 775.21(6)(g)3.).
FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.
12. I understand that my address may be verified by county, state, or local law enforcement agencies. (F.S. 943.0435(6); 775.21(8)).
13. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I MUST report **in person** to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or at least 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. I MUST provide the address, municipality, county, state, and country of intended residence. For international travel I MUST also provide my travel information, including, but not limited to, expected departure and return dates, flight number, airport of departure, cruise port of departure, or any other means of intended travel. If I do not know of my travel outside of the United States 21 days before my departure date, then I MUST report **in person** to the sheriff's office in the county of my current residence as soon as possible before my departure. (F.S. 943.0435(7); 775.21(6)(i)).
FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.
14. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I MUST report **in person** to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. (F.S. 943.0435(8); 775.21(6)(j)).
FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.
15. I MUST report **in person** either **two times per year** (during the month of my birth and during the 6th month following my birth month) or **four times per year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE. (F.S. 943.0435(14)(a)-(b); 775.21(8)(a)).
FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 916154

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(h)1.d. are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

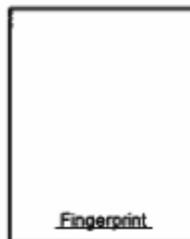
- 16. In addition to the registration months listed above, I MUST report in person to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report in person every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2.; 775.21(6)(g)2.b.}. FAILURE TO REPORT IS A THIRD DEGREE FELONY.
- 17. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2.; 943.0435(14)(c)2.; 775.21(6)(a)1.b.; 775.21(6)(e)1.; 775.21(8)(a)2.}. FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.
- 18. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4.; 775.21(10)(a)}. FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.
- 19. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.
- 20. If I fail to register after crossing state lines I may be in violation of federal law as well as state statutes.
- 21. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.
- 22. KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY. {F.S. 943.0435(14)(c)4.; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: [Signature]
Signature Required

Witnessed by Reporting Officer: [Redacted Signature]
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/05/2017 Printed Name: [Redacted] Date: 01/05/2017

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2017. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about July 11, 2016 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 862790

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is January of 2017 *****

Registration For: July 2016 - SEXUAL OFFENDER

Reason For Registration

- Initial Registration, [X] Scheduled ReRegistration, Information Update, Early/Late ReRegistration

Registrant Information

Name: JEFFREY E EPSTEIN, *SSN: [REDACTED], DOB: [REDACTED], Race: White, Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq.

FL DL or ID Card #: E123425530200, Height: 6' 00", Weight: 180 lbs, Hair: Grey, Eyes: Blue

Place of Birth: [REDACTED], Immigration Status: Not Applicable

Currently on Probation/Parole: [X] No, [] Yes

Probation Type: [] State, [] Federal, [] County. Officer Name and Phone fields for each type.

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

- Permanently leaving Florida to establish a residence in another state/country, Date of Departure: []
Temporarily leaving Florida to visit another state/country
Moving from another state to permanently establish a residence in Florida, Date of Arrival: []
Visiting from another state and establishing a temporary address in Florida
Other (please describe): []

Table with 2 columns: Current Permanent Address, Future Permanent Address. Includes address lines, city, state, zip, and county information.

Registration No: 862790

Person Number: 73274

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
 (Street Address) (City) (State) (Zip)
 County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
 (Street Address or location) (City) (State) (Zip)
 County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
 Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
 (Street Address) (City) (State) (Zip)
 County: Saint Thomas Contact Person: _____

<p>Mailing Address <input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary</p> <p>9 E 71st St (Address Line 1) (Address Line 2) New York NY 10021 (City) (State) (Zip) County: New York End Date: _____</p>	<p>Phone Numbers Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers</p> <table border="1"> <thead> <tr> <th>Phone Number:</th> <th>Phone Type:</th> </tr> </thead> <tbody> <tr> <td>1. (561) 655-7626</td> <td>Home</td> </tr> <tr> <td>2. (212) 533-3739</td> <td>Mobile</td> </tr> <tr> <td>3. (561) 655-3572</td> <td>Fax</td> </tr> <tr> <td>4. (304) 775-8135</td> <td>Work</td> </tr> <tr> <td>5. (505) 938-2924</td> <td>Fax</td> </tr> </tbody> </table>	Phone Number:	Phone Type:	1. (561) 655-7626	Home	2. (212) 533-3739	Mobile	3. (561) 655-3572	Fax	4. (304) 775-8135	Work	5. (505) 938-2924	Fax
Phone Number:	Phone Type:												
1. (561) 655-7626	Home												
2. (212) 533-3739	Mobile												
3. (561) 655-3572	Fax												
4. (304) 775-8135	Work												
5. (505) 938-2924	Fax												

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
 (Number) (Type) (Issued by)

Registration No: 862790

Person Number: 73274

Passport I do NOT have a Passport Information.

1. _____
(Number) (Issue Date) (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or Internet Identifiers.
Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Internet Identifiers
1. columbiadental1@yahoo.com	Name: _____
2. jeepproject@yahoo.com	Provider: _____
	1. _____
	2. _____

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. _____
(Type) (Location) (Description)

2. _____
(Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
Please note: The registrant has reported additional vehicles not displayed here.

1. 2013 Ford EXPEDITION Black Truck
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
522rzz NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
(License Tag #) (State)

2. 2012 Cadillac OTHER Black Truck
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
ftx3455 NY This vehicle is: NOT used as a residence Used as a residence Owned by registrant
(License Tag #) (State)

Vessels I do NOT own a vessel or houseboat.
Please note: The registrant has reported additional vessels not displayed here.

1. 2011 Other White
(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)
yes This vessel is: NOT used as a residence Used as a residence
(Registration #)

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Internet Identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication. Use of my date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption for such personal information.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. (F.S. 943.0435(2)(a); 775.21(6)(e)).

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. (F.S. 943.0435(2)(b); 775.21(6)(a)1).

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: **"SEXUAL PREDATOR"** or **"943.0435, F.S."** unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. (F.S. 943.0435(3); 775.21(6)(f)).

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

4. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report in person to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

5. If I am enrolled, employed, volunteering or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, MUST be reported in person at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(8)(a)2}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

6. Before using any electronic mail address or Internet identifier I MUST report it using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. {F.S. 943.0435(4)(e); 775.21(6)(g)5}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

7. I MUST report any changes in vehicles owned within 48 hours in person at the sheriff's office. {F.S. 943.0435(2)(b)3; 775.21(6)(a)1.c}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

8. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report in person to the sheriff's office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b)1; 775.21(6)(g)2.a}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

9. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report in person to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

10. I understand that my address may be verified by county, state, or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.

11. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I MUST report in person to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or within 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. {F.S. 943.0435(7); 775.21(6)(i)}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

12. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I MUST report in person to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. {F.S. 943.0435(8); 775.21(6)(j)}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

13. I MUST report in person either two times per year (during the month of my birth and during the 6th month following my birth month) or four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 862790

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(a)1.d are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 14. In addition to the registration months listed above, I MUST report **in person** to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report **in person** every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2; 775.21(6)(g)2.b}. **FAILURE TO REPORT IS A THIRD DEGREE FELONY.**
- 15. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(6)(e)1; 775.21(8)(a)2}. **FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.**
- 16. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}. **FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.**
- 17. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.
- 18. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.
- 19. **KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY.** {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.

Fingerprint



Registrant: 
 Signature Required

Witnessed by Reporting Officer: 
 Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 07/11/2016 Printed Name:  Date: 07/11/2016

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is January of 2017. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
Post Office Box 1489
Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about June 29, 2016 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

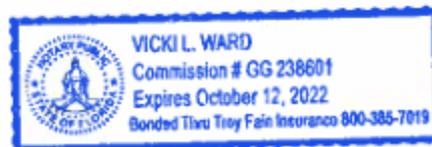
[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____
Type of identification produced _____



Registration No: 859077

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is July of 2016 *****

Registration For: June 2016 - SEXUAL OFFENDER

Reason For Registration

- Initial Registration, Scheduled ReRegistration, [X] Information Update, Early/Late ReRegistration

Registrant Information

Name: JEFFREY E EPSTEIN, SSN: [REDACTED], DOB: [REDACTED], Race: White, Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200, Height: 6' 00", Weight: 180 lbs, Hair: Grey, Eyes: Blue

Place of Birth: [REDACTED], Immigration Status: Not Applicable

Currently on Probation/Parole: [X] No, [] Yes

Probation Type: [] State, [] Federal, [] County. Officer Name and Phone fields for each.

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

- Permanently leaving Florida to establish a residence in another state/country, Date of Departure: []
Temporarily leaving Florida to visit another state/country
Moving from another state to permanently establish a residence in Florida, Date of Arrival: []
Visiting from another state and establishing a temporary address in Florida
Other (please describe): []

Table with 2 columns: Current Permanent Address, Future Permanent Address. Includes address lines, city, state, zip, and county information.

Registration No: 859077

Person Number: 73274

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
 (Street Address) (City) (State) (Zip)
 County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
 (Street Address or location) (City) (State) (Zip)
 County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
 Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
 (Street Address) (City) (State) (Zip)
 County: Saint Thomas Contact Person: _____

Mailing Address	Phone Numbers												
<input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary 9 E 71st St (Address Line 1) (Address Line 2) New York NY 10021 (City) (State) (Zip) County: New York End Date: _____	Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers <table border="1"> <thead> <tr> <th>Phone Number:</th> <th>Phone Type:</th> </tr> </thead> <tbody> <tr> <td>1. (561) 655-7626</td> <td>Home</td> </tr> <tr> <td>2. (212) 533-3739</td> <td>Mobile</td> </tr> <tr> <td>3. (561) 655-3572</td> <td>Fax</td> </tr> <tr> <td>4. (304) 775-8135</td> <td>Work</td> </tr> <tr> <td>5. (505) 938-2924</td> <td>Fax</td> </tr> </tbody> </table>	Phone Number:	Phone Type:	1. (561) 655-7626	Home	2. (212) 533-3739	Mobile	3. (561) 655-3572	Fax	4. (304) 775-8135	Work	5. (505) 938-2924	Fax
Phone Number:	Phone Type:												
1. (561) 655-7626	Home												
2. (212) 533-3739	Mobile												
3. (561) 655-3572	Fax												
4. (304) 775-8135	Work												
5. (505) 938-2924	Fax												

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
 (Number) (Type) (Issued by)

Registration No: 859077

Person Number: 73274

Passport I do NOT have a Passport information.

1. _____
 (Number) (Issue Date) (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or Internet Identifiers.
 Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Internet Identifiers
1. columbiadental1@yahoo.com	Name: _____ Provider: _____
2. jeepproject@yahoo.com	1. _____
	2. _____

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. _____
 (Type) (Location) (Description)

2. _____
 (Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
 Please note: The registrant has reported additional vehicles not displayed here.

1. 2013 Ford EXPEDITION Black Truck
 (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
 522rzz NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
 (License Tag #) (State)

2. 2012 Cadillac OTHER Black Truck
 (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
 fx3455 NY This vehicle is: NOT used as a residence Used as a residence Owned by registrant
 (License Tag #) (State)

Vessels I do NOT own a vessel or houseboat.
 Please note: The registrant has reported additional vessels not displayed here.

1. 2011 Other White _____
 (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)
 yes This vessel is: NOT used as a residence Used as a residence
 (Registration #)

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Internet Identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication. Use of my date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption for such personal information.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. {F.S. 943.0435(2)(a); 775.21(6)(e)}.

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: **"SEXUAL PREDATOR"** or **"943.0435, F.S."** unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. {F.S. 943.0435(3); 775.21(6)(f)}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

4. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

5. If I am enrolled, employed, volunteering or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, MUST be reported **in person** at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(8)(a)2}.

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6. Before using any electronic mail address or Internet identifier I MUST report it using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. {F.S. 943.0435(4)(e); 775.21(6)(g)5}.

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7. I MUST report any changes in vehicles owned within 48 hours **in person** at the sheriff's office. {F.S. 943.0435(2)(b)3; 775.21(6)(a)1.c}.

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8. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the sheriff's office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b)1; 775.21(6)(g)2.a}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

9. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

10. I understand that my address may be verified by county, state, or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.

11. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I MUST report **in person** to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or within 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. {F.S. 943.0435(7); 775.21(6)(i)}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

12. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I MUST report **in person** to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. {F.S. 943.0435(8); 775.21(6)(j)}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

13. I MUST report **in person** either **two times per year** (during the month of my birth and during the 6th month following my birth month) or **four times per year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 859077

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(a)1.d are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 14. In addition to the registration months listed above, I MUST report in person to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report in person every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2; 775.21(6)(g)2.b}. **FAILURE TO REPORT IS A THIRD DEGREE FELONY.**
- 15. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(6)(e)1; 775.21(8)(a)2}. **FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.**
- 16. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}. **FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.**
- 17. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.
- 18. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.
- 19. **KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY.** {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: [Signature]
Signature Required

Witnessed by Reporting Officer: [Redacted Signature]
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 06/29/2016 Printed Name: [Redacted] Date: 06/29/2016

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2016. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about January 19, 2016 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

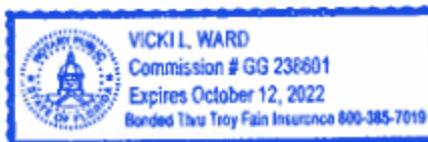
[REDACTED SIGNATURE]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.



Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 811325

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is July of 2016 *****

Registration For: January 2016 - SEXUAL OFFENDER

Reason For Registration

Initial Registration [] Scheduled ReRegistration [X] Information Update [] Early/Late ReRegistration []

Registrant Information

Name: JEFFREY E EPSTEIN *SSN: [REDACTED] DOB: [REDACTED] Race: White Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200 Height: 6' 00" Weight: 180 lbs Hair: Grey Eyes: Blue

Place of Birth: Immigration Status: Not Applicable

Currently on Probation/Parole: [X] No [] Yes

Probation Type: [] State [] Federal [] County Officer Name: Phone: ()

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

Permanently leaving Florida to establish a residence in another state/country Date of Departure: []
Temporarily leaving Florida to visit another state/country
Moving from another state to permanently establish a residence in Florida Date of Arrival: []
Visiting from another state and establishing a temporary address in Florida
Other (please describe): []

Table with 2 columns: Current Permanent Address, Future Permanent Address. Includes address lines, city, state, zip, and county information.

Registration No: 811325

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
(Street Address) (City) (State) (Zip)
County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location) _____ (City) _____ (State) _____ (Zip)
County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
(Street Address) (City) (State) (Zip)
County: Saint Thomas Contact Person: _____

Mailing Address

Same as Permanent Same as Temporary

9 E 71st St
(Address Line 1)
(Address Line 2)
New York NY 10021
(City) (State) (Zip)
County: New York End Date: _____

Phone Numbers

Please note: The registrant has reported additional phones not displayed here.

I do NOT have or use any home or mobile phone numbers

Phone Number: _____ Phone Type: _____
1. _____ Home
2. _____ Mobile
3. _____ Fax
4. _____ Work
5. _____ Fax

Campus Activity

I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
University/School Name: _____ Campus: _____
Address: _____ (Street Address) _____ (City) _____ (State) _____ (Zip)
County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____ (Number) _____ (Type) _____ (Issued by)

Registration No: 811325

Person Number: 73274

Passport I do NOT have a Passport Information.

1. _____
(Number) (Issue Date) (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or Internet Identifiers.
Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Internet Identifiers
1. columbiadental1@yahoo.com	Name: _____ Provider: _____
2. jeeproject@yahoo.com	1. _____
	2. _____

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. _____
(Type) (Location) (Description)

2. _____
(Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
Please note: The registrant has reported additional vehicles not displayed here.

1. 2013 Dodge CARAVAN Black Auto
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
tem492 VI This vehicle is: NOT used as a residence Used as a residence Owned by registrant
(License Tag #) (State)

2. 2013 Ford EXPEDITION Black Truck
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
522rzz NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
(License Tag #) (State)

Vessels I do NOT own a vessel or houseboat.
Please note: The registrant has reported additional vessels not displayed here.

1. 2011 Other White _____
(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)
yes This vessel is: NOT used as a residence Used as a residence
(Registration #)

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Internet Identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication. Use of my date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption for such personal information.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. {F.S. 943.0435(2)(a); 775.21(6)(e)}.

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: **"SEXUAL PREDATOR"** or **"943.0435, F.S."** unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. {F.S. 943.0435(3); 775.21(6)(f)}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

4. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report in person to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

5. If I am enrolled, employed, volunteering or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, MUST be reported in person at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(8)(a)2}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

6. Before using any electronic mail address or Internet identifier I MUST report it using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. {F.S. 943.0435(4)(e); 775.21(6)(g)5}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

7. I MUST report any changes in vehicles owned within 48 hours in person at the sheriff's office. {F.S. 943.0435(2)(b)3; 775.21(6)(a)1.c}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

8. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report in person to the sheriff's office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b)1; 775.21(6)(g)2.a}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

9. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report in person to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

10. I understand that my address may be verified by county, state, or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.

11. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I MUST report in person to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or within 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. {F.S. 943.0435(7); 775.21(6)(i)}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

12. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I MUST report in person to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. {F.S. 943.0435(8); 775.21(6)(j)}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

13. I MUST report in person either two times per year (during the month of my birth and during the 6th month following my birth month) or four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 811325

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(a)1.d are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

14. In addition to the registration months listed above, I MUST report in person to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report in person every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2; 775.21(6)(g)2.b}.

FAILURE TO REPORT IS A THIRD DEGREE FELONY.

15. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(6)(e)1; 775.21(8)(a)2}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

16. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.

17. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.

18. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

19. **KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY.** {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

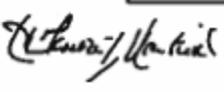
PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/19/2016 Printed Name: [REDACTED] Date: 01/19/2016

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2016. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about December 29, 2015 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.



Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 805718

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is January of 2016 *****

Registration For: December 2015 - SEXUAL OFFENDER

Reason For Registration

Initial Registration [] Scheduled ReRegistration [] Information Update [X] Early/Late ReRegistration []

Registrant Information

Name: JEFFREY E EPSTEIN *SSN: [REDACTED] DOB: [REDACTED] Race: White Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200 Height: 6' 00" Weight: 180 lbs Hair: Grey Eyes: Blue

Place of Birth: Immigration Status: Not Applicable

Currently on Probation/Parole: [X] No [] Yes

Probation Type: [] State [] Federal [] County Officer Name: Phone: ()

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

Permanently leaving Florida to establish a residence in another state/country Date of Departure: []
Temporarily leaving Florida to visit another state/country
Moving from another state to permanently establish a residence in Florida Date of Arrival: []
Visiting from another state and establishing a temporary address in Florida
[X] Other (please describe): Mr Epstein will be at his temp address in Palm Beach from 12/29/2015 till 01/03/2016

Table with 2 columns: Current Permanent Address, Future Permanent Address. Includes address lines, city, state, zip, and county information.

Registration No: 805718

Person Number: 73274

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
 (Street Address) (City) (State) (Zip)
 County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
 (Street Address or location) (City) (State) (Zip)
 County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
 Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
 (Street Address) (City) (State) (Zip)
 County: Saint Thomas Contact Person: _____

<p>Mailing Address</p> <p><input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary</p> <p>9 E 71st St (Address Line 1) _____ (Address Line 2) New York NY 10021 (City) (State) (Zip) County: New York End Date: _____</p>	<p>Phone Numbers Please note: The registrant has reported additional phones not displayed here.</p> <p><input type="checkbox"/> I do NOT have or use any home or mobile phone numbers</p> <table border="1"> <thead> <tr> <th>Phone Number:</th> <th>Phone Type:</th> </tr> </thead> <tbody> <tr> <td>1. [REDACTED]</td> <td>Home</td> </tr> <tr> <td>2. [REDACTED]</td> <td>Mobile</td> </tr> <tr> <td>3. [REDACTED]</td> <td>Fax</td> </tr> <tr> <td>4. [REDACTED]</td> <td>Work</td> </tr> <tr> <td>5. [REDACTED]</td> <td>Fax</td> </tr> </tbody> </table>	Phone Number:	Phone Type:	1. [REDACTED]	Home	2. [REDACTED]	Mobile	3. [REDACTED]	Fax	4. [REDACTED]	Work	5. [REDACTED]	Fax
Phone Number:	Phone Type:												
1. [REDACTED]	Home												
2. [REDACTED]	Mobile												
3. [REDACTED]	Fax												
4. [REDACTED]	Work												
5. [REDACTED]	Fax												

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
 (Number) (Type) (Issued by)

Registration No: 805718

Person Number: 73274

Passport I do NOT have a Passport information.

1. _____
(Number) (Issue Date) (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or internet identifiers.
Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Internet Identifiers
1. columbiadental1@yahoo.com	Name: _____ Provider: _____
2. jeepproject@yahoo.com	1. _____
	2. _____

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. _____
(Type) (Location) (Description)

2. _____
(Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
Please note: The registrant has reported additional vehicles not displayed here.

1. 2013 Dodge CARAVAN Black Auto
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
tem492 VI This vehicle is: NOT used as a residence Used as a residence Owned by registrant
(License Tag #) (State)

2. 2013 Ford EXPEDITION Black Truck
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
522rzz NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
(License Tag #) (State)

Vessels I do NOT own a vessel or houseboat.
Please note: The registrant has reported additional vessels not displayed here.

1. 2011 Other White
(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)
yes This vessel is: NOT used as a residence Used as a residence
(Registration #)

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Internet Identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication. Use of my date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption for such personal information.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. (F.S. 943.0435(2)(a); 775.21(6)(e)).

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. (F.S. 943.0435(2)(b); 775.21(6)(a)1).

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: **"SEXUAL PREDATOR"** or **"943.0435, F.S."** unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. (F.S. 943.0435(3); 775.21(6)(f)).

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

4. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report in person to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

5. If I am enrolled, employed, volunteering or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, MUST be reported in person at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(8)(a)2}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

6. Before using any electronic mail address or Internet identifier I MUST report it using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. {F.S. 943.0435(4)(e); 775.21(6)(g)5}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

7. I MUST report any changes in vehicles owned within 48 hours in person at the sheriff's office. {F.S. 943.0435(2)(b)3; 775.21(6)(a)1.c}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

8. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report in person to the sheriff's office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b)1; 775.21(6)(g)2.a}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

9. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report in person to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

10. I understand that my address may be verified by county, state, or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.

11. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I MUST report in person to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or within 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. {F.S. 943.0435(7); 775.21(6)(i)}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

12. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I MUST report in person to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. {F.S. 943.0435(8); 775.21(6)(j)}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

13. I MUST report in person either **two times per year** (during the month of my birth and during the 6th month following my birth month) or **four times per year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 805718

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(a)1.d are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug. & Nov	Aug	Feb, May, Aug. & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

14. In addition to the registration months listed above, I MUST report in person to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report in person every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2; 775.21(6)(g)2.b}. **FAILURE TO REPORT IS A THIRD DEGREE FELONY.**

15. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(6)(e)1; 775.21(8)(a)2}. **FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.**

16. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}. **FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.**

17. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.

18. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

19. **KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY.** {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 12/29/2015

Printed Name:  Date: 12/29/2015

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is January of 2016. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
Post Office Box 1489
Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

[Redacted], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about June 26, 2015 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[Redacted Signature]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 753691

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is July of 2015 *****

Registration For: June 2015 - SEXUAL OFFENDER

Reason For Registration

- Initial Registration, Scheduled ReRegistration, Information Update (checked), Early/Late ReRegistration

Registrant Information

Name: JEFFREY E EPSTEIN, SSN: [redacted], DOB: [redacted], Race: White, Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200, Height: 6' 00", Weight: 180 lbs, Hair: Grey, Eyes: Blue

Place of Birth: United States Of America (usa), Immigration Status: Not Applicable

Currently on Probation/Parole: No (checked)

Probation Type: State, Federal, County (with Officer Name and Phone fields)

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

- Permanently leaving Florida to establish a residence in another state/country (Date of Departure: 6/29/2015)
Temporarily leaving Florida to visit another state/country
Moving from another state to permanently establish a residence in Florida (Date of Arrival: 6/26/2015)
Visiting from another state and establishing a temporary address in Florida
Other (checked): Visiting from another state and establishing a temporary residence in Florida. Mr Epstein will in town from 06/26/2015 till 06/29/2015

Table with 2 columns: Current Permanent Address and Future Permanent Address. Includes fields for address lines, city, state, zip, and county.

Registration No: 753691

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
(Street Address) (City) (State) (Zip)
County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
(Street Address or location) (City) (State) (Zip)
County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
(Street Address) (City) (State) (Zip)
County: Saint Thomas Contact Person: _____

Mailing Address

Same as Permanent Same as Temporary

9 E 71st St
(Address Line 1)
(Address Line 2)
New York NY 10021
(City) (State) (Zip)
County: New York End Date: _____

Phone Numbers Please note: The registrant has reported additional phones not displayed here.

I do NOT have or use any home or mobile phone numbers

Phone Number:	Phone Type:
1. [REDACTED]	Home
2. [REDACTED]	Mobile
3. [REDACTED]	Fax
4. [REDACTED]	Work
5. [REDACTED]	Fax

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
University/School Name: _____ Campus: _____
Address: _____
(Street Address) (City) (State) (Zip)
County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
(Number) (Type) (Issued by)

Registration No: 753691

Person Number: 73274

Passport I do NOT have a Passport information.

1. _____
 (Number) (Issue Date) (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or internet identifiers.
 Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Internet Identifiers
1. columbiadental1@yahoo.com	Name: _____ Provider: _____
2. jeeproject@yahoo.com	1. _____
	2. _____

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. _____
 (Type) (Location) (Description)

2. _____
 (Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
 Please note: The registrant has reported additional vehicles not displayed here.

1. 2008 Land Rover RANGE ROVER Black Truck
 (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
 mid718 NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
 (License Tag #) (State)

2. 2013 Ford EXPEDITION Black Truck
 (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
 522rzz NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
 (License Tag #) (State)

Vessels I do NOT own a vessel or houseboat.
 Please note: The registrant has reported additional vessels not displayed here.

1. 2011 Other White
 (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)
 yes This vessel is: NOT used as a residence Used as a residence
 (Registration #)

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Internet Identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication. Use of my date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption for such personal information.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. {F.S. 943.0435(2)(a); 775.21(6)(e)}.

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: **"SEXUAL PREDATOR"** or **"943.0435, F.S."** unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. {F.S. 943.0435(3); 775.21(6)(f)}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

4. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I **MUST** report **in person** to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

5. If I am enrolled, employed, volunteering or carrying on a vocation at an institution of higher education in Florida, I **MUST** provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, **MUST** be reported **in person** at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information **MUST** be reported to my probation officer within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(8)(a)2}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

6. Before using any electronic mail address or Internet identifier I **MUST** report it using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. {F.S. 943.0435(4)(e); 775.21(6)(g)5}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

7. I **MUST** report any changes in vehicles owned within 48 hours **in person** at the sheriff's office. {F.S. 943.0435(2)(b)3; 775.21(6)(a)1.c}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

8. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I **MUST** report **in person** to the sheriff's office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b)1; 775.21(6)(g)2.a}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

9. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I **MUST** report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

10. I understand that my address may be verified by county, state, or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.

11. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I **MUST** report **in person** to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or within 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. {F.S. 943.0435(7); 775.21(6)(i)}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

12. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I **MUST** report **in person** to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. {F.S. 943.0435(8); 775.21(6)(j)}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

13. I **MUST** report **in person** either **two times per year** (during the month of my birth and during the 6th month following my birth month) or **four times per year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 753691

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(a)1.d are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

14. In addition to the registration months listed above, I MUST report in person to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report in person every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2; 775.21(6)(g)2.b}. **FAILURE TO REPORT IS A THIRD DEGREE FELONY.**

15. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(6)(e)1; 775.21(8)(a)2}. **FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.**

16. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}. **FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.**

17. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.

18. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

19. **KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY.** {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct. **YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.**



Registrant:
Signature Required

Witnessed by Reporting Officer:
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 06/26/2015 Printed Name: Date: 06/26/2015

* OFFICIAL DOCUMENT DO NOT DESTROY*

**** NOTE: Your next ReRegistration month is July of 2015. ****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Tallahassee, FL 32303-1489
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www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about January 20, 2015 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

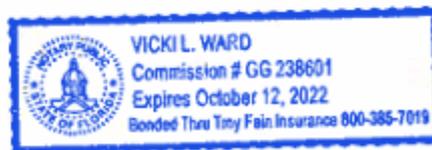
[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.



Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 708183

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is July of 2015 *****

Registration For: January 2015 - SEXUAL OFFENDER

Reason For Registration

- Initial Registration, [X] Scheduled ReRegistration, Information Update, Early/Late ReRegistration

Registrant Information

Name: JEFFREY E EPSTEIN, *SSN: [REDACTED], DOB: [REDACTED], Race: White, Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200, Height: 6' 00", Weight: 180 lbs, Hair: Grey, Eyes: Blue

Place of Birth: United States Of America (usa), Immigration Status: Not Applicable

Currently on Probation/Parole: [X] No, [] Yes

Probation Type: [] State, [] Federal, [] County. Officer Name and Phone fields for each.

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

- Permanently leaving Florida to establish a residence in another state/country, Date of Departure: []
Temporarily leaving Florida to visit another state/country
Moving from another state to permanently establish a residence in Florida, Date of Arrival: []
Visiting from another state and establishing a temporary address in Florida
Other (please describe): []

Table with 2 columns: Current Permanent Address and Future Permanent Address. Includes address lines, city, state, zip, and county information.

Registration No: 708183

Person Number: 73274

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
 (Street Address) (City) (State) (Zip)
 County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
 (Street Address or location) (City) (State) (Zip)
 County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
 Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
 (Street Address) (City) (State) (Zip)
 County: Saint Thomas Contact Person: _____

Mailing Address	Phone Numbers												
<input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary 9 E 71st St (Address Line 1) _____ (Address Line 2) New York NY 10021 (City) (State) (Zip) County: New York End Date: _____	Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers <table border="1"> <thead> <tr> <th>Phone Number:</th> <th>Phone Type:</th> </tr> </thead> <tbody> <tr> <td>1. (561) 655-7626</td> <td>Home</td> </tr> <tr> <td>2. (212) 533-3739</td> <td>Mobile</td> </tr> <tr> <td>3. (561) 655-3572</td> <td>Fax</td> </tr> <tr> <td>4. (304) 775-8135</td> <td>Work</td> </tr> <tr> <td>5. (505) 938-2924</td> <td>Fax</td> </tr> </tbody> </table>	Phone Number:	Phone Type:	1. (561) 655-7626	Home	2. (212) 533-3739	Mobile	3. (561) 655-3572	Fax	4. (304) 775-8135	Work	5. (505) 938-2924	Fax
Phone Number:	Phone Type:												
1. (561) 655-7626	Home												
2. (212) 533-3739	Mobile												
3. (561) 655-3572	Fax												
4. (304) 775-8135	Work												
5. (505) 938-2924	Fax												

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
 (Number) (Type) (Issued by)

Registration No: 708183

Person Number: 73274

Passport I do NOT have a Passport information.

1. _____
 (Number) (Issue Date) (Expiration Date)

Email/Internet Identifiers I do NOT use any email addresses or Internet Identifiers.
 Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Internet Identifiers
1. columbiadental1@yahoo.com	Name: _____ Provider: _____
2. jeepproject@yahoo.com	1. _____
	2. _____

Scars/Marks/Tattoos I do NOT have any Scars, Marks or Tattoos.

1. _____
 (Type) (Location) (Description)

2. _____
 (Type) (Location) (Description)

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
 Please note: The registrant has reported additional vehicles not displayed here.

1. 2013 Dodge CARAVAN Black Auto
 (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
 tem492 VI This vehicle is: NOT used as a residence Used as a residence Owned by registrant
 (License Tag #) (State)

2. 2013 Ford EXPEDITION Black Truck
 (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)
 522rzz NM This vehicle is: NOT used as a residence Used as a residence Owned by registrant
 (License Tag #) (State)

Vessels I do NOT own a vessel or houseboat.
 Please note: The registrant has reported additional vessels not displayed here.

1. 2011 Other White
 (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)
 yes This vessel is: NOT used as a residence Used as a residence
 (Registration #)

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where I abide, lodge, or reside for 5 or more consecutive days.

"Temporary residence" means a place where I abide, lodge, or reside, including, but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not my permanent address or, if my permanent residence is not in this state, a place where I am employed, practice a vocation, or am enrolled as a student for any period of time in this state.

"Transient residence" means a county where I live, remain, or am located for a period of 5 or more days in the aggregate during a calendar year and which is not my permanent or temporary address. The term includes, but is not limited to, a place where I sleep or seek shelter and a location that has no specific street address.

"Internet Identifier" means all electronic mail, chat, instant messenger, social networking, application software, or similar names used for Internet communication. Use of my date of birth, social security number, or PIN as an Internet identifier waives the disclosure exemption for such personal information.

"Vehicles owned" means any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by me; a rented vehicle that I am authorized to drive; or a vehicle for which I am insured as a driver. The term also includes any motor vehicle as defined in s. 320.01, which is registered, co-registered, leased, titled, or rented by a person or persons residing at my permanent residence for 5 or more consecutive days.

1. Within 48 hours of establishing or maintaining a residence in this state, or release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), I MUST report **in person** to the local sheriff's office to register my temporary, transient, or permanent address and other information specified in statute. If I am convicted of an offense that requires registration and am not under custody and/or supervision of DOC I must report **in person** to the sheriff's office in the county of conviction within 48 hours of the conviction. (F.S. 943.0435(2)(a); 775.21(6)(e)).

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

2. At registration, I MUST provide the following information to the department: name; date of birth; social security number; race; sex; height; weight; tattoos or other identifying marks; hair and eye color; photograph; all home telephone numbers and cellular telephone numbers; all electronic mail addresses and all Internet identifiers required to be provided pursuant to paragraph s. 943.0435(4)(e) F.S. or s. 775.21(6)(g)5 F.S.; address of all permanent and legal residences; address of any current temporary residence; any transient residence within the state; address, location, description and dates of any current or known future temporary residence within the state or out of state; occupation and place of employment; make, model, color, vehicle identification number (VIN), and license tag number of all vehicles owned; date and place of each conviction; fingerprints; palm prints; and a brief description of the crime or crimes committed. I must also produce my passport (if I have one). If I am an alien, I must produce or provide information about documents establishing my immigration status. I must also provide information about all professional licenses I have. (F.S. 943.0435(2)(b); 775.21(6)(a)1).

FAILURE TO REPORT AS REQUIRED IS A THIRD DEGREE FELONY.

3. Within 48 hours after the initial registration of information as required in #2 above, I MUST report **in person** to the driver license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver license or identification card displaying one of the following designations: "SEXUAL PREDATOR" or "943.0435, F.S." unless a driver license or identification card with such designation was previously secured or updated. I must submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. (F.S. 943.0435(3); 775.21(6)(f)).

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

4. Each time my driver license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report in person to a driver license office to update my driver license or identification card and ensure that the driver license or identification card displays the designations as identified in #3 above. If I am unable to secure or update a driver license or identification card with DHSMV, I must also report any change of my residence or name within 48 hours after the change to the sheriff's office in the county where I reside or am located and provide confirmation that I reported the information to DHSMV. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.

FAILURE TO MAINTAIN, ACQUIRE, OR RENEW A DRIVER LICENSE OR ID CARD AS REQUIRED IS A THIRD DEGREE FELONY.

5. If I am enrolled, employed, volunteering or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus attended, and my enrollment, volunteer, or employment status. Each change in enrollment, volunteer, or employment status, i.e. commencement or termination, MUST be reported in person at the sheriff's office within 48 hours after any change in status. OR, if I am on supervision with the Florida DOC or DJJ, this information MUST be reported to my probation officer within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(8)(a)2}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

6. Before using any electronic mail address or Internet identifier I MUST report it using the online system maintained by the Florida Department of Law Enforcement or in person at the sheriff's office. {F.S. 943.0435(4)(e); 775.21(6)(g)5}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

7. I MUST report any changes in vehicles owned within 48 hours in person at the sheriff's office. {F.S. 943.0435(2)(b)3; 775.21(6)(a)1.c}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

8. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report in person to the sheriff's office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b)1; 775.21(6)(g)2.a}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

9. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report in person to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

10. I understand that my address may be verified by county, state, or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.

11. If I intend on establishing a permanent, temporary, or transient residence in another state, jurisdiction, or country other than the State of Florida, I MUST report in person to the sheriff's office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state, or jurisdiction, or within 21 days before my planned departure date if the intended residence of 5 days or more is outside of the United States. {F.S. 943.0435(7); 775.21(6)(i)}.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

12. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, or another country, and later decide to remain in this state, I MUST report in person to the sheriff's office to which I reported my intention of leaving the state within 48 hours after the intended departure date. {F.S. 943.0435(8); 775.21(6)(j)}.

FAILURE TO REPORT THIS INFORMATION IS A SECOND DEGREE FELONY.

13. I MUST report in person either two times per year (during the month of my birth and during the 6th month following my birth month) or four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation, to the sheriff's office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.

Registration No: 708183

Person Number: 73274

All sexual predators, sexual offenders convicted for offenses specified in F.S. 943.0435(14)(b), and juvenile sexual offenders required to register per F.S. 943.0435(1)(a)1.d are required to reregister four times per year. All other sexual offenders are required to reregister two times per year.

I AM REQUIRED TO REREGISTER TWO TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES PER YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

14. In addition to the registration months listed above, I MUST report in person to the sheriff's office in the county in which I am located within 48 hours of establishing a transient residence and thereafter must report in person every 30 days to the sheriff's office in the county in which I am located while I maintain a transient residence. I MUST provide the addresses and locations where I maintain a transient residence. {F.S. 943.0435(4)(b)2; 775.21(6)(g)2.b}. **FAILURE TO REPORT IS A THIRD DEGREE FELONY.**

15. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local sheriff's office. {F.S. 943.0435(2)(a); 943.0435(2)(b)2; 943.0435(14)(c)2; 775.21(6)(a)1.b; 775.21(6)(e)1; 775.21(8)(a)2}. **FAILURE TO REPORT THIS INFORMATION IS A THIRD DEGREE FELONY.**

16. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}. **FAILURE TO RESPOND AS REQUIRED IS A THIRD DEGREE FELONY.**

17. If I am employed in, carry on a vocation in, am a student in, or become a resident of another state or jurisdiction, I am on notice that I may have a requirement to register under the laws of that state.

18. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

19. **KNOWINGLY PROVIDING FALSE REGISTRATION INFORMATION BY ACT OR OMISSION IS A THIRD DEGREE FELONY.** {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.

REGISTRATION INFORMATION IS PUBLISHED ON THE FDLE PUBLIC SEXUAL PREDATOR AND OFFENDER WEBSITE.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct. **YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.**

Fingerprint

Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/20/2015 Printed Name:  Date: 01/20/2015

* OFFICIAL DOCUMENT DO NOT DESTROY*

**** NOTE: Your next ReRegistration month is July of 2015. ****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about June 27, 2014 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

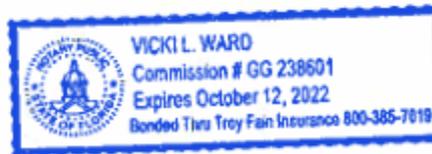
[REDACTED]

(Records Custodian)

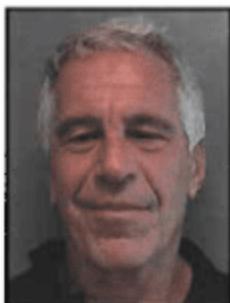
SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____
Type of identification produced _____



Registration No: 650591

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

**** Note: Your next ReRegistration month is July of 2014 ****

Registration For: June 2014 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Scheduled ReRegistration	<input checked="" type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> (First Middle Last, Suffix)	*SSN: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00"</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: _____
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: _____
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input type="checkbox"/> Other (please describe): _____	

Previous Permanent Address	Current Permanent Address
(Address Line 1) _____	6100 Red Hook Quarters Ste B3 (Address Line 1)
(Address Line 2) _____	Little St James Islands (Address Line 2)
(City) _____ (State) _____ (Zip) _____	St Thomas, VI 00802 (City) _____ (State) _____ (Zip) _____
County: _____ End Date: _____	County: <u>St Thomas</u> Start Date: <u>07/19/2010</u>
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way (Street Address)	Palm Beach (City)	FL (State)	33480-4730 (Zip)
County: Palm Beach	Dates you will be at this address: From: 07/26/2012 To: _____		
2. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		
3. 22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)
County: Paris	Dates you will be at this address: From: _____ To: _____		

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Employment I am currently unemployed.

1. Employer: Financial Trust Company	Occupation: Owner	Start Date: 07/26/2012
Address: 6100 Red Hook Quarter Ste B3 (Street Address)	St Thomas (City)	VI 00802 (State) (Zip)
County: Saint Thomas	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 650591

Person Number: 73274

Mailing Address		Phone Numbers	
<input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary		Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers	
9 E 71st St (Address Line 1)		Phone Number: _____ Phone Type: _____	
(Address Line 2)		1. _____ Home _____	
New York, NY 10021 (City) (State) (Zip)		2. _____ Mobile _____	
County: New York End Date: _____		3. _____ Fax _____	
		4. _____ Work _____	
		5. _____ Fax _____	

Vehicles					
<input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home.					
Please note: The registrant has reported additional vehicles not displayed here.					
1.	2013	Dodge	Caravan	Black	Auto
	(Year)	(Make)	(Model)	(Color/Color Scheme)	(Vehicle Type)
	tem492	VI	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(License Tag #)	(State)			
2.	2012	Cadillac	Other	Black	Truck
	(Year)	(Make)	(Model)	(Color/Color Scheme)	(Vehicle Type)
	ftx3455	NY	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(License Tag #)	(State)			
3.	2008	Land Rover	Range Rover	Black	Truck
	(Year)	(Make)	(Model)	(Color/Color Scheme)	(Vehicle Type)
	mid718	NM	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(License Tag #)	(State)			
4.	2013	Ford	Expedition	Black	Truck
	(Year)	(Make)	(Model)	(Color/Color Scheme)	(Vehicle Type)
	522rzz	NM	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(License Tag #)	(State)			

Vessels				
<input type="checkbox"/> I do NOT own a vessel or houseboat.				
Please note: The registrant has reported additional vessels not displayed here.				
1.	2011	Other	White	
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)
	yes	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(Registration #)			
2.	2011	Other	White	
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)
	yes	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(Registration #)			
3.	1999	Other	White	Nana
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)
	yes	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(Registration #)			
4.	1968	Other	White	Big N
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)
	yes	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
	(Registration #)			

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or instant Message screen names.
 Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeevacation@me.com</u>	1. _____
2. <u>columbiadental1@yahoo.com</u>	2. _____
3. <u>jeeproject@yahoo.com</u>	3. _____
4. <u>jeevacation1@me.com</u>	4. _____
5. <u>jeevacation@gmail.com</u>	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. (F.S. 943.0435(2)(a); 775.21(6)(e)1).
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S. or s. 775.21(6)(g)4 F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. (F.S. 943.0435(2)(b); 775.21(6)(a)1).
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. (F.S. 943.0435(3); 775.21(6)(f)).
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. (F.S. 943.0435(4)(a); 775.21(6)(g)1).
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. (F.S. 943.0435(2)(b)2; 775.21(6)(a)1.b).
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/re-registration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. (F.S. 943.0435(4)(d); 775.21(6)(g)4).
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. (F.S. 943.0435(4)(b); 775.21(6)(g)2).
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. (F.S. 943.0435(4)(c); 775.21(6)(g)3).

Registration No: 650591

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report in person to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report in person to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report in person either twice a year (during the month of my birth and during the 6th month following my birth month) or four times a year (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER TWO TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b; 775.21(6)(e)1}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 06/27/2014 Printed Name: [Redacted] Date: 06/27/2014

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2014. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support

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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about December 30, 2013 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

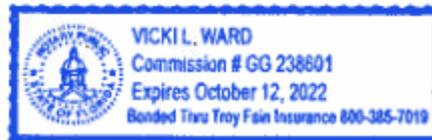
[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 605414

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is January of 2014 *****

Registration For: December 2013 - SEXUAL OFFENDER

Reason For Registration

- Initial Registration, Scheduled ReRegistration, Information Update, Early/Late ReRegistration

Registrant Information

Name: JEFFREY E EPSTEIN, *SSN: [REDACTED], DOB: [REDACTED], Race: White, Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200, Height: 6' 00", Weight: 180 lbs, Hair: Grey, Eyes: Blue

Place of Birth: United States Of America (usa)

Currently on Probation/Parole: [X] No [] Yes

Probation Type: [] State, [] Federal, [] County. Officer Name and Phone fields for each.

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

- Permanently leaving Florida to establish a residence in another state
Temporarily leaving Florida to visit another state
Moving from another state to permanently establish a residence in Florida
Visiting from another state and establishing a temporary address in Florida
Other (please describe):

Table with 2 columns: Previous Permanent Address, Current Permanent Address. Includes address lines, city, state, zip, and county information.

Registration No: 605414

Person Number: 73274

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way (Street Address)	Palm Beach (City)	FL (State)	33480-4730 (Zip)
County: Palm Beach	Dates you will be at this address: From: 07/26/2012 To: _____		
2. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)
County: New York	Dates you will be at this address: From: _____ To: _____		
3. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Employment I am currently unemployed.

1. Employer: Financial Trust Company	Occupation: Owner	Start Date: 07/26/2012
Address: 6100 Red Hook Quarter Ste B3 (Street Address)	St Thomas (City)	VI 00802 (State) (Zip)
County: Saint Thomas	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 605414

Person Number: 73274

Mailing Address <input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary		Phone Numbers <small>Please note: The registrant has reported additional phones not displayed here.</small> <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers	
9 E 71st St <small>(Address Line 1)</small> <small>(Address Line 2)</small> New York, NY 10021 <small>(City) (State) (Zip)</small> County: New York End Date:		Phone Number: Phone Type: 1. (561) 655-7626 Home 2. (212) 533-3739 Mobile 3. (561) 655-3572 Fax 4. (304) 775-8135 Work 5. (505) 938-2924 Fax	

Vehicles <input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home. <small>Please note: The registrant has reported additional vehicles not displayed here.</small>				
1. 2013 <small>(Year)</small>	Dodge <small>(Make)</small>	Caravan <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Auto <small>(Vehicle Type)</small>
tem492 <small>(License Tag #)</small>	VI <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2. 2012 <small>(Year)</small>	Cadillac <small>(Make)</small>	Other <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
ftx3455 <small>(License Tag #)</small>	NY <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3. 2008 <small>(Year)</small>	Land Rover <small>(Make)</small>	Range Rover <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
mld718 <small>(License Tag #)</small>	NM <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4. 2013 <small>(Year)</small>	Ford <small>(Make)</small>	Expedition <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
522rzz <small>(License Tag #)</small>	NM <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Vessels <input type="checkbox"/> I do NOT own a vessel or houseboat. <small>Please note: The registrant has reported additional vessels not displayed here.</small>				
1. 2011 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
2. 2011 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
3. 1999 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	Nana <small>(Name of Vessel)</small>	
yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
4. 1968 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	Big N <small>(Name of Vessel)</small>	
yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			

Registration No: 605414

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	Start Date: _____ End Date: _____
University/School Name: _____	Campus: _____
Address: _____ (Street Address) (City) (State) (Zip)	
County: _____ Employer: _____	Contact: _____

2. <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	Start Date: _____ End Date: _____
University/School Name: _____	Campus: _____
Address: _____ (Street Address) (City) (State) (Zip)	
County: _____ Employer: _____	Contact: _____

3. <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	Start Date: _____ End Date: _____
University/School Name: _____	Campus: _____
Address: _____ (Street Address) (City) (State) (Zip)	
County: _____ Employer: _____	Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or Instant Message screen names.
Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeeproject@yahoo.com</u>	1. _____
2. <u>jeevacation1@me.com</u>	2. _____
3. <u>jeevacation@gmail.com</u>	3. _____
4. <u>jeffrey@jeffreypstein.org</u>	4. _____
5. <u>jeffreypstein@live.com</u>	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S. or s. 775.21(6)(g)4 F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)1.b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/reregistration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S. 943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 605414

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either **twice a year** (during the month of my birth and during the 6th month following my birth month) or **four times a year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER **TWO TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW.
{Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW.
{Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug. & Nov	Aug	Feb, May, Aug. & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting **in person** to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b; 775.21(6)(e)1}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant:
Signature Required

Witnessed by Reporting Officer:
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 12/30/2013 Printed Name: [REDACTED] Date: 12/30/2013

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is January of 2014. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support

Post Office Box 1489
Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about July 25, 2013 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____
Type of identification produced _____



Registration No: 567563

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is January of 2014 *****

Registration For: July 2013 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> <small>(First Middle Last, Suffix)</small>	*SSN: <u> </u> DOB: <u> </u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00"</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: <input type="text"/>
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: <input type="text"/>
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input checked="" type="checkbox"/> Other (please describe):	<u>Mr. Epstein came in to do his scheduled registration and will be leaving going back to his permanent address tomorrow 07/26/13.</u>

Previous Permanent Address	Current Permanent Address
(Address Line 1) _____	6100 Red Hook Quarters Ste B3 (Address Line 1) _____
(Address Line 2) _____	Little St James Islands (Address Line 2) _____
(City) _____ (State) _____ (Zip) _____	St Thomas, VI 00802 (City) _____ (State) _____ (Zip) _____
County: _____ End Date: _____	County: <u>St Thomas</u> Start Date: <u>07/19/2010</u>
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Registration No: 567563

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way (Street Address)	Palm Beach (City)	FL (State)	33480-4730 (Zip)
County: Palm Beach	Dates you will be at this address: From: 07/26/2012 To: _____		
2. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)
County: New York	Dates you will be at this address: From: _____ To: _____		
3. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Employment I am currently unemployed.

1. Employer: Financial Trust Company	Occupation: Owner	Start Date: 07/26/2012
Address: 6100 Red Hook Quarter Ste B3 (Street Address)	St Thomas (City)	VI 00802 (State) (Zip)
County: Saint Thomas	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 567563

Person Number: 73274

Mailing Address <input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary		Phone Numbers Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers																			
9 E 71st St <small>(Address Line 1)</small> <small>(Address Line 2)</small> New York NY 10021 <small>(City)</small> <small>(State)</small> <small>(Zip)</small> County: New York End Date: _____		<table border="0"> <tr> <td></td> <td>Phone Number:</td> <td>Phone Type:</td> </tr> <tr> <td>1.</td> <td></td> <td>Home</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>Mobile</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>Fax</td> </tr> <tr> <td>4.</td> <td>_____</td> <td>Work</td> </tr> <tr> <td>5.</td> <td>_____</td> <td>Fax</td> </tr> </table>			Phone Number:	Phone Type:	1.		Home	2.	_____	Mobile	3.	_____	Fax	4.	_____	Work	5.	_____	Fax
	Phone Number:	Phone Type:																			
1.		Home																			
2.	_____	Mobile																			
3.	_____	Fax																			
4.	_____	Work																			
5.	_____	Fax																			

Vehicles <input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home. Please note: The registrant has reported additional vehicles not displayed here.					
1.	2013 <small>(Year)</small>	Ford <small>(Make)</small>	Expedition <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
	522rzz <small>(License Tag #)</small>	NM <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2.	2013 <small>(Year)</small>	Dodge <small>(Make)</small>	Caravan <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Auto <small>(Vehicle Type)</small>
	tem492 <small>(License Tag #)</small>	VI <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3.	2008 <small>(Year)</small>	Land Rover <small>(Make)</small>	Range Rover <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
	mld718 <small>(License Tag #)</small>	NM <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4.	2012 <small>(Year)</small>	Cadillac <small>(Make)</small>	Other <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
	ftx3455 <small>(License Tag #)</small>	NY <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Vessels <input type="checkbox"/> I do NOT own a vessel or houseboat. Please note: The registrant has reported additional vessels not displayed here.					
1.	1968 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	Big N <small>(Name of Vessel)</small>	
	yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
2.	2011 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
	yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
3.	2011 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
	yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
4.	1999 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	Nana <small>(Name of Vessel)</small>	
	yes <small>(Registration #)</small>	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			

Registration No: 567563

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or instant Message screen names.
 Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeffrey@jeffreyepstein.org</u>	1. _____
2. <u>jeevacation@me.com</u>	2. _____
3. <u>coumbiadental1@yahoo.com</u>	3. _____
4. <u>jeeproject@yahoo.com</u>	4. _____
5. <u>jeevacation1@me.com</u>	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S. or s. 775.21(6)(g)4 F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders/predators. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)1.b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/reregistration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S. 943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 567563

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either **twice a year** (during the month of my birth and during the 6th month following my birth month) or **four times a year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER **TWO TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW.
{Pursuant to Sections 943.0435(14)(a), 944.607(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW.
{Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 985.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting **in person** to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b; 775.21(6)(e)1}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a sexual predator (Florida Statute 775.21) or sexual offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.

Fingerprint

Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 07/25/2013 Printed Name: [Redacted] Date: 07/25/2013

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is January of 2014. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
Post Office Box 1489
Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

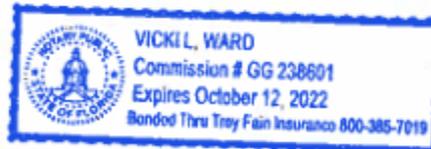
After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about January 10, 2013 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]



Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)

Personally known or produced identification _____,
Type of identification produced _____



Registration No: 520415

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

**** Note: Your next ReRegistration month is July of 2013 ****

Registration For: January 2013 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> <small>(First Middle Last, Suffix)</small>	*SSN: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00 "</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: _____
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: _____
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input type="checkbox"/> Other (please describe): _____	

Previous Permanent Address	Current Permanent Address
(Address Line 1) _____	6100 Red Hook Quarters Ste B3 (Address Line 1)
(Address Line 2) _____	Little St James Islands (Address Line 2)
(City) _____ (State) _____ (Zip) _____	St Thomas VI 00802 (City) (State) (Zip)
County: _____ End Date: _____	County: St Thomas Start Date: 07/19/2010
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Registration No: 520415

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way (Street Address)	Palm Beach (City)	FL (State)	33480-4730 (Zip)
County: Palm Beach	Dates you will be at this address: From: 07/26/2012 To: _____		
2. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)
County: New York	Dates you will be at this address: From: _____ To: _____		
3. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Employment I am currently unemployed.

1. Employer: Financial Trust Company	Occupation: Owner	Start Date: 07/26/2012
Address: 6100 Red Hook Quarter Ste B3 (Street Address)	St Thomas (City)	VI 00802 (State) (Zip)
County: Saint Thomas	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 520415

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or instant message screen names.

Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeeproject@yahoo.com</u>	1. _____
2. <u>jeevacation1@ms.com</u>	2. _____
3. <u>jeevacation@gmail.com</u>	3. _____
4. <u>jeffreypstein@live.com</u>	4. _____
5. <u>jeffreypsteinorg@gmail.com</u>	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/re-registration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S. 943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 520415

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either **twice a year** (during the month of my birth and during the 6th month following my birth month) or **four times a year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER **TWO TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/10/2013 Printed Name: [Redacted] Date: 01/10/2013

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2013. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
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Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about July 26, 2012 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

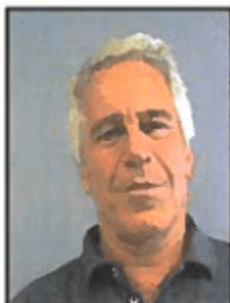
SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.



Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known _____ or produced identification _____,
Type of identification produced _____



Registration No: 480216

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is January of 2013 *****

Registration For: July 2012 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> <small>(First Middle Last, Suffix)</small>	*SSN: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00"</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: _____
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: _____
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input checked="" type="checkbox"/> Other (please describe):	<u>Will be at temp address from 07/26/2012 till 07/30/2012</u>

Previous Permanent Address	Current Permanent Address
(Address Line 1) _____	6100 Red Hook Quarters Ste B3 (Address Line 1)
(Address Line 2) _____	Little St James Islands (Address Line 2)
(City) _____ (State) _____ (Zip) _____	St Thomas, VI 00802 (City) (State) (Zip)
County: _____ End Date: _____	County: <u>St Thomas</u> Start Date: <u>07/19/2010</u>
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Registration No: 480216

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)
County: New York	Dates you will be at this address: From: _____ To: _____		
2. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		
3. 22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)
County: Paris	Dates you will be at this address: From: _____ To: _____		

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Employment I am currently unemployed.

1. Employer: Financial Trust Company	Occupation: Owner	Start Date: 7/26/2012
Address: 6100 Red Hook Quarter Ste B3 (Street Address)	St Thomas (City)	VI 00802 (State) (Zip)
County: Saint Thomas	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 480216

Person Number: 73274

Mailing Address <input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary		Phone Numbers <small>Please note: The registrant has reported additional phones not displayed here.</small> <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers	
9 E 71st St <small>(Address Line 1)</small> <small>(Address Line 2)</small> New York, NY 10021 <small>(City) (State) (Zip)</small> County: New York End Date:		Phone Number: 1.  _____ 2. _____ 3. _____ 4. _____ 5. _____	Phone Type: Home _____ Home _____ Mobile _____ Mobile _____ Fax _____

Vehicles <input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home. <small>Please note: The registrant has reported additional vehicles not displayed here.</small>					
1.	2005 <small>(Year)</small>	Cadillac <small>(Make)</small>	Other <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Auto <small>(Vehicle Type)</small>
	HDJ142 <small>(License Tag #)</small>	VI <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2.	2005 <small>(Year)</small>	Cadillac <small>(Make)</small>	Other <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
			This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3.	2002 <small>(Year)</small>	Mercedes-benz <small>(Make)</small>	500 Series <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Auto <small>(Vehicle Type)</small>
	C165SP <small>(License Tag #)</small>	FL <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4.	2010 <small>(Year)</small>	Chevrolet <small>(Make)</small>	Suburban <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
	BDLH78 <small>(License Tag #)</small>	FL <small>(State)</small>	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Vessels <input type="checkbox"/> I do NOT own a vessel or houseboat. <small>Please note: The registrant has reported additional vessels not displayed here.</small>					
1.	2010 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
			This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2.	2000 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
			This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3.	2006 <small>(Year)</small>	Jet-ski <small>(Vessel Type)</small>	Black <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>	
	1245L506 <small>(Registration #)</small>		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4.	2008 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	Little C <small>(Name of Vessel)</small>	
	WJ1F1016B808 <small>(Registration #)</small>		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Registration No: 480216

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or Instant Message screen names.
 Please note: The registrant has reported additional online accounts not displayed here.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeffreypstein@live.com</u>	1. _____
2. <u>jeffreypsteinorg@yahoo.com</u>	2. _____
3. <u>jeffreypsteinorg@gmail.com</u>	3. _____
4. <u>jeevacation@me.com</u>	4. _____
5. <u>jeeproject@yahoo.com</u>	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/reregistration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S. 943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 480216

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(l)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either **twice a year** (during the month of my birth and during the 6th month following my birth month) or **four times a year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER **TWO TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW.
{Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW.
{Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 07/26/2012 Printed Name: [Redacted] Date: 07/26/2012

* OFFICIAL DOCUMENT DO NOT DESTROY*

**** NOTE: Your next ReRegistration month is January of 2013. ****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support

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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about January 24, 2012 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 436693

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

**** Note: Your next ReRegistration month is July of 2012 ****

Registration For: January 2012 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> <small>(First Middle Last, Suffix)</small>	*SSN: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00 "</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: _____
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: _____
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input checked="" type="checkbox"/> Other (please describe):	<u>Mr. EPSTEIN will be staying at his Temporary address 358 El Brillo Way Palm Beach , FL 33480 until 01/25/2012</u>

Previous Permanent Address	Current Permanent Address
(Address Line 1)	<u>6100 Red Hook Quarters Ste B3</u> (Address Line 1)
(Address Line 2)	<u>Little St James Islands</u> (Address Line 2)
(City) _____ (State) _____ (Zip) _____	<u>St Thomas</u> _____, <u>VI</u> <u>00802</u> (City) _____ (State) _____ (Zip) _____
County: _____ End Date: _____	County: <u>St Thomas</u> Start Date: <u>07/19/2010</u>
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Registration No: 436693

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)
County: Paris	Dates you will be at this address: From: _____ To: _____		
2. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)
County: New York	Dates you will be at this address: From: _____ To: _____		
3. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Employment I am currently unemployed.

1. Employer: F T C	Occupation: Owner	Start Date: _____
Address: 6100 Redhook Quarter Ste B3 (Street Address)	St Thomas (City)	YY 00802 (State) (Zip)
County: Us Virgin Islands	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 436693

Person Number: 73274

Mailing Address	Phone Numbers <small>Please note: The registrant has reported additional phones not displayed here.</small>												
<input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary	<input type="checkbox"/> I do NOT have or use any home or mobile phone numbers												
9 E 71st St <small>(Address Line 1)</small> <hr/> <small>(Address Line 2)</small> New York NY 10021 <small>(City) (State) (Zip)</small> County: <u>New York</u> End Date: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: left;">Phone Number:</th> <th style="width:50%; text-align: left;">Phone Type:</th> </tr> <tr> <td>1. </td> <td>Home</td> </tr> <tr> <td>2. </td> <td>Home</td> </tr> <tr> <td>3. </td> <td>Mobile</td> </tr> <tr> <td>4. </td> <td>Mobile</td> </tr> <tr> <td>5. </td> <td>Fax</td> </tr> </table>	Phone Number:	Phone Type:	1.	Home	2.	Home	3.	Mobile	4.	Mobile	5.	Fax
Phone Number:	Phone Type:												
1.	Home												
2.	Home												
3.	Mobile												
4.	Mobile												
5.	Fax												

Vehicles	<input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home.
<small>Please note: The registrant has reported additional vehicles not displayed here.</small>	
1. 2005 Cadillac Other Black Truck <small>(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)</small> <small>(License Tag #) (State)</small> This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
2. 2002 Mercedes-benz 500 Series Black Auto <small>(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)</small> C165SP FL This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence <small>(License Tag #) (State)</small>	
3. 2010 Chevrolet Surburban Black Truck <small>(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)</small> <small>(License Tag #) (State)</small> This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
4. 2006 Bentley Arnage Black Auto <small>(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)</small> V752DS FL This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence <small>(License Tag #) (State)</small>	

Vessels	<input type="checkbox"/> I do NOT own a vessel or houseboat.
<small>Please note: The registrant has reported additional vessels not displayed here.</small>	
1. 2010 Other White _____ <small>(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)</small> <small>(Registration #)</small> This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
2. 2000 Other White _____ <small>(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)</small> <small>(Registration #)</small> This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
3. 2006 Jet-ski Black _____ <small>(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)</small> 1245L506 This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence <small>(Registration #)</small>	
4. 2008 Other White Little C <small>(Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel)</small> WJ1F1016B808 This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence <small>(Registration #)</small>	

Registration No: 436693

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or instant message screen names.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeeproject@yahoo.com</u>	1. _____
2. <u>jeevacation1@me.com</u>	2. _____
3. <u>jeevacation@gmail.com</u>	3. _____
4. _____	4. _____
5. _____	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/reregistration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S. 943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 436693

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either **twice a year** (during the month of my birth and during the 6th month following my birth month) or **four times a year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER **TWO TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR TIMES A YEAR**; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant:
Signature Required

Witnessed by Reporting Officer:
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/24/2012 Printed Name: Date: 01/24/2012

* OFFICIAL DOCUMENT DO NOT DESTROY*

**** NOTE: Your next ReRegistration month is July of 2012. ****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support

Post Office Box 1489
Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

[Redacted], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about July 1, 2011 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

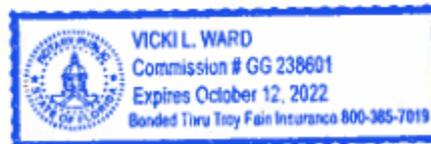
[Redacted Signature]

(Records Custodian)

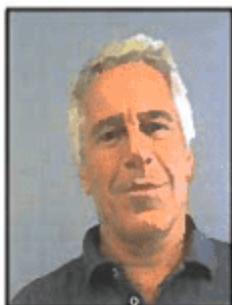
SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____
Type of identification produced _____



Registration No: 390457

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

**** Note: Your next ReRegistration month is January of 2012 ****

Registration For: July 2011 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> <small>(First Middle Last, Suffix)</small>	*SSN: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00 "</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: _____
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: _____
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input type="checkbox"/> Other (please describe): _____	

Previous Permanent Address	Current Permanent Address
(Address Line 1) _____	6100 Red Hook Quarters Ste B3 (Address Line 1)
(Address Line 2) _____	Little St James Islands (Address Line 2)
(City) _____ (State) _____ (Zip) _____	St Thomas VI 00802 (City) (State) (Zip)
County: _____ End Date: _____	County: St Thomas Start Date: 07/19/2010
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Registration No: 390457

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)	Dates you will be at this address: From: _____ To: _____
County: Santa Fe				
2. 22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)	Dates you will be at this address: From: _____ To: _____
County: Paris				
3. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)	Dates you will be at this address: From: _____ To: _____
County: New York				

Transient Addresses I do NOT have a transient address

1. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				
2. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				
3. _____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				

Employment I am currently unemployed.

1. Employer: F T C	Occupation: Owner	Start Date: _____
Address: 6100 Redhook Quarter Ste B3 (Street Address)	St Thomas (City)	YY 00802 (State) (Zip)
County: Us Virgin Islands	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 390457

Person Number: 73274

Mailing Address <input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary 9 E 71st St (Address Line 1) _____ (Address Line 2) New York, NY 10021 (City) (State) (Zip) County: New York End Date: _____	Phone Numbers Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:65%;">Phone Number:</td> <td style="width:30%;">Phone Type:</td> </tr> <tr> <td>1.</td> <td></td> <td>Home</td> </tr> <tr> <td>2.</td> <td></td> <td>Home</td> </tr> <tr> <td>3.</td> <td></td> <td>Mobile</td> </tr> <tr> <td>4.</td> <td></td> <td>Mobile</td> </tr> <tr> <td>5.</td> <td></td> <td>Fax</td> </tr> </table>		Phone Number:	Phone Type:	1.		Home	2.		Home	3.		Mobile	4.		Mobile	5.		Fax
	Phone Number:	Phone Type:																	
1.		Home																	
2.		Home																	
3.		Mobile																	
4.		Mobile																	
5.		Fax																	

Vehicles <input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home. Please note: The registrant has reported additional vehicles not displayed here.					
1.	2005 (Year)	Cadillac (Make)	Other (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		(License Tag #)	(State)		
2.	2002 (Year)	Mercedes-benz (Make)	500 Series (Model)	Black (Color/Color Scheme)	Auto (Vehicle Type)
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		C165SP (License Tag #)	FL (State)		
3.	2010 (Year)	Chevrolet (Make)	Suburban (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		(License Tag #)	(State)		
4.	2006 (Year)	Bentley (Make)	Amage (Model)	Black (Color/Color Scheme)	Auto (Vehicle Type)
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		V752DS (License Tag #)	FL (State)		

Vessels <input type="checkbox"/> I do NOT own a vessel or houseboat. Please note: The registrant has reported additional vessels not displayed here.				
1.	2010 (Year)	Other (Vessel Type)	White (Color/Color Scheme)	_____ (Name of Vessel)
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		(Registration #)		
2.	2000 (Year)	Other (Vessel Type)	White (Color/Color Scheme)	_____ (Name of Vessel)
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		(Registration #)		
3.	2006 (Year)	Jet-ski (Vessel Type)	Black (Color/Color Scheme)	_____ (Name of Vessel)
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		1245L506 (Registration #)		
4.	2008 (Year)	Other (Vessel Type)	White (Color/Color Scheme)	Little C (Name of Vessel)
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		WJ1F1016B808 (Registration #)		

Registration No: 390457

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or instant message screen names.

Email Addresses	Instant Message Screen Names
	Name: Provider:
1. <u>jeeproject@yahoo.com</u>	1. _____
2. <u>jeevacation1@me.com</u>	2. _____
3. <u>jeevacation@gmail.com</u>	3. _____
4. _____	4. _____
5. _____	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a sexual predator (F.S. 775.21) or sexual offender (F.S. 943.0435; 944.607; or 985.4815) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of the Department of Corrections (DOC), the Department of Children and Family Services (DCFS), or the Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s. 943.0435(4)(d) F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida DOC or DJJ, this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/reregistration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S. 943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S. 943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 390457

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6); 775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office in the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either **twice a year** (during the month of my birth and during the 6th month following my birth month) or **four times a year** (once during the month of my birth and every 3rd month thereafter), **depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister, unless otherwise notified by FDLE.

All sexual predators, sexual offenders convicted for offenses specified in F.S 943.0435(14)(b), and juvenile sexual offenders required to register per F.S 943.0435(1)(a)1.d are required to reregister four times a year. All other sexual offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER TWO TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Pursuant to Sections 775.21(8)(a), 943.0435(14)(b), 944.607(13)(b), 944.4815(13)(a), Florida Statutes}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office. {F.S. 943.0435(2); 775.21(6)(a)1b}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.4815), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.

Fingerprint

Registrant: 
Signature Required

Witnessed by Reporting Officer: _____
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 07/01/2011 Printed Name: _____ Date: 07/01/2011

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is January of 2012. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support

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www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about January 18, 2011 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.



Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 353899

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

**** Note: Your next ReRegistration month is July of 2011 ****

Registration For: January 2011 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> <small>(First Middle Last, Suffix)</small>	*SSN: <u> </u> DOB: <u> </u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00"</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: <input type="text"/>
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: <u>1/17/2011</u>
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input checked="" type="checkbox"/> Other (please describe):	<u>will be at temp address from 01/17/2011 - 01/20/2011</u>

Previous Permanent Address	Current Permanent Address
(Address Line 1)	<u>6100 Red Hook Quarters Ste B3</u> (Address Line 1)
(Address Line 2)	<u>Little St James Islands</u> (Address Line 2)
(City) (State) (Zip)	<u>St Thomas VI 00802</u> (City) (State) (Zip)
County: _____ End Date: _____	County: <u>St Thomas</u> Start Date: <u>07/19/2010</u>
	<input type="checkbox"/> I do NOT have a permanent address at this time.

Registration No: 353899

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1.	49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)	County: Santa Fe	Dates you will be at this address: From: _____ To: _____
2.	22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)	County: Paris	Dates you will be at this address: From: _____ To: _____
3.	9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)	County: New York	Dates you will be at this address: From: _____ To: _____

Transient Addresses I do NOT have a transient address

1.	_____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	County: _____	Dates you will be at this address: From: _____ To: _____
2.	_____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	County: _____	Dates you will be at this address: From: _____ To: _____
3.	_____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	County: _____	Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1.	Employer: F T C	Occupation: Owner	Start Date: _____
	Address: 6100 Redhook Quarter Ste B3 (Street Address)	St Thomas (City)	YY 00802 (State) (Zip)
	County: Us Virgin Islands	Contact Person: _____	
2.	Employer: _____	Occupation: _____	Start Date: _____
	Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
	County: _____	Contact Person: _____	
3.	Employer: _____	Occupation: _____	Start Date: _____
	Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
	County: _____	Contact Person: _____	

Registration No: 353899

Person Number: 73274

Mailing Address <input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary	Phone Numbers <small>Please note: The registrant has reported additional phones not displayed here.</small> <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers												
9 E 71st St <small>(Address Line 1)</small> <hr/> <small>(Address Line 2)</small> New York, NY 10021 <small>(City) (State) (Zip)</small> County: <u>New York</u> End Date: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Phone Number:</th> <th style="text-align: left;">Phone Type:</th> </tr> <tr> <td>1. [REDACTED] _____</td> <td>Home _____</td> </tr> <tr> <td>2. _____</td> <td>Home _____</td> </tr> <tr> <td>3. _____</td> <td>Mobile _____</td> </tr> <tr> <td>4. _____</td> <td>Mobile _____</td> </tr> <tr> <td>5. _____</td> <td>Fax _____</td> </tr> </table>	Phone Number:	Phone Type:	1. [REDACTED] _____	Home _____	2. _____	Home _____	3. _____	Mobile _____	4. _____	Mobile _____	5. _____	Fax _____
Phone Number:	Phone Type:												
1. [REDACTED] _____	Home _____												
2. _____	Home _____												
3. _____	Mobile _____												
4. _____	Mobile _____												
5. _____	Fax _____												

Vehicles <input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home. <small>Please note: The registrant has reported additional vehicles not displayed here.</small>					
1.	2005 <small>(Year)</small>	Cadillac <small>(Make)</small>	Other <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		<small>(License Tag #)</small>	<small>(State)</small>		
2.	2002 <small>(Year)</small>	Mercedes-benz <small>(Make)</small>	500 Series <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Auto <small>(Vehicle Type)</small>
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		<small>(License Tag #)</small>	<small>(State)</small>		
3.	2010 <small>(Year)</small>	Chevrolet <small>(Make)</small>	Suburban <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Truck <small>(Vehicle Type)</small>
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		<small>(License Tag #)</small>	<small>(State)</small>		
4.	2006 <small>(Year)</small>	Bentley <small>(Make)</small>	Amage <small>(Model)</small>	Black <small>(Color/Color Scheme)</small>	Auto <small>(Vehicle Type)</small>
		This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
		<small>(License Tag #)</small>	<small>(State)</small>		

Vessels <input type="checkbox"/> I do NOT own a vessel or houseboat. <small>Please note: The registrant has reported additional vessels not displayed here.</small>				
1.	2010 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		<small>(Registration #)</small>		
2.	2000 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		<small>(Registration #)</small>		
3.	2006 <small>(Year)</small>	Jet-ski <small>(Vessel Type)</small>	Black <small>(Color/Color Scheme)</small>	_____ <small>(Name of Vessel)</small>
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		<small>(Registration #)</small>		
4.	2008 <small>(Year)</small>	Other <small>(Vessel Type)</small>	White <small>(Color/Color Scheme)</small>	Little C <small>(Name of Vessel)</small>
		This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
		<small>(Registration #)</small>		

Registration No: 353899

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or Instant Message screen names.

<u>Email Addresses</u>	<u>Instant Message Screen Names</u>	
	Name:	Provider:
1. jeevacation2@me.com	1. _____	_____
2. jeevacation1@me.com	2. _____	_____
3. jeeproject@yahoo.com	3. _____	_____
4. jeevacation@gmail.com	4. _____	_____
5. _____	5. _____	_____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (F.S. 775.21) or Sexual Offender (F.S. 943.0435; 944.607; or 985.481) I understand that I am required by law to abide by the following:

Permanent residence means a place where the person abides, lodges, or resides for 5 or more consecutive days.

Temporary residence means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

Transient residence means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of Department of Corrections (DOC), Department of Children and Family Services (DCFS), or Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s.943.0435(4)(d) F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida (DOC) or (DJJ), this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/re-registration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S.943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S.943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

Registration No: 353899

Person Number: 73274

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6);775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office of the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either twice a year (during the month of my birth and during the 6th month following my birth month) or four times a year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister. {F.S. 943.0435(14)(a); 775.21(8)(a)}.

NOTE: All Sexual Predators, Sexual Offenders convicted for offenses specified in F.S 943.0435(14), and Juvenile Sexual Offenders required to register per F.S 943.043591)(a)1.d are required to reregister four times a year. All other Sexual Offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER **TWO** TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Offenders (943.0435), unless otherwise notified by FDLE}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR** TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Predators (775.21) and Sexual Offenders (985.481), unless otherwise notified by FDLE}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office.{F.S. 943.0435(2); 775.21(6)(a)1b}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant:
Signature Required

Witnessed by Reporting Officer:
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/18/2011 Printed Name: Date: 01/18/2011

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2011. *****



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support
Post Office Box 1489
Tallahassee, FL 32303-1489
1-888-357-7332
www.fdle.state.fl.us

Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

[Redacted], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about July 19, 2010 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

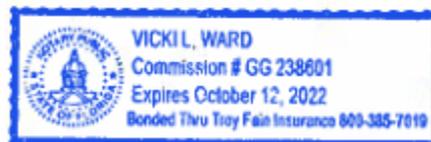
[Redacted Signature]

(Records Custodian)

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____

Registration No: 314643

Person Number: 73274

Temporary Addresses I do NOT have a temporary address

1. 22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)
County: Paris	Dates you will be at this address: From: _____ To: _____		
2. 49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)
County: Santa Fe	Dates you will be at this address: From: _____ To: _____		
3. 9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)
County: New York	Dates you will be at this address: From: _____ To: _____		
4. 358 El Brillo Way (Street Address)	Palm Beach (City)	FL (State)	33480-4730 (Zip)
County: Palm Beach	Dates you will be at this address: From: _____ To: _____		
5. _____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)
County: _____	Dates you will be at this address: From: _____ To: _____		

Mailing Address	Phone Numbers <small>Please note: The registrant has reported additional phones not displayed here.</small>
<input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary	<input type="checkbox"/> I do NOT have or use any home or mobile phone numbers
9 E 71st St (Address Line 1)	Phone Number: _____ Phone Type: _____
_____ (Address Line 2)	1. [REDACTED] _____ Home
New York (City)	2. [REDACTED] _____ Home
NY 10021 (State) (Zip)	3. [REDACTED] _____ Mobile
County: New York	4. [REDACTED] _____ Work
End Date: _____	5. [REDACTED] _____ Work

Employment I am currently unemployed.

1. Employer: F T C	Occupation: Owner	Start Date: _____
Address: 6100 Redhook Quarter Ste B3 (Street Address)	St Thomas (City)	YY 00802 (State) (Zip)
County: Us Virgin Islands	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
County: _____	Contact Person: _____	

Registration No: 314643

Person Number: 73274

Vehicles I do NOT own or use a vehicle, RV, trailer or mobile home.
 Please note: The registrant has reported additional vehicles not displayed here.

1. 2000 (Year)	Chevrolet (Make)	Suburban (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
(License Tag #)	(State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2. 2007 (Year)	Other (Make)	Other (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
(License Tag #)	(State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3. 2010 (Year)	Chevrolet (Make)	Suburban (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
(License Tag #)	(State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4. 2005 (Year)	Cadillac (Make)	Other (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
(License Tag #)	(State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
5. 2004 (Year)	Chevrolet (Make)	Suburban (Model)	Black (Color/Color Scheme)	Truck (Vehicle Type)
(License Tag #)	(State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Vessels I do NOT own a vessel or houseboat.
 Please note: The registrant has reported additional vessels not displayed here.

1. 2001 (Year)	Other (Vessel Type)	White (Color/Color Scheme)	Lady G2 (Name of Vessel)
(Registration #)	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2. 2000 (Year)	Other (Vessel Type)	White (Color/Color Scheme)	Calypso (Name of Vessel)
(Registration #)	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3. 1984 (Year)	Other (Vessel Type)	White (Color/Color Scheme)	Lady G (Name of Vessel)
(Registration #)	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4. 2000 (Year)	Other (Vessel Type)	Red (Color/Color Scheme)	Nana (Name of Vessel)
(Registration #)	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
5. 1998 (Year)	Other (Vessel Type)	Blue (Color/Color Scheme)	Lady K (Name of Vessel)
(Registration #)	This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Registration No: 314643

Person Number: 73274

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or instant message screen names.

Email Addresses	Instant Message Screen Names
	Name: _____ Provider: _____
1. <u>jeeproject@yahoo.com</u>	1. _____
2. <u>jeevacation@gmail.com</u>	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481) where **"Permanent residence"** means a place where the person abides, lodges, or resides for 5 or more consecutive days, and **"Temporary residence"** means a place where the person abides, lodges, or resides for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address; or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state, I understand that I am required by law to abide by the following: **FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED)**

1. I must report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in the state of Florida or within 48 hours of release from custody and/or supervision of Department of Corrections (DOC), Department of Children and Family Services (DCFS) or Department of Juvenile Justice (DJJ) to register my temporary or permanent address.
2. Within 48 hours after the initial report required as stated in requirement #1 above, I must report **in person** the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) to obtain a valid Florida driver's license or identification card displaying one of the following designations **"775.21, F.S."** or **"943.0435, F.S."**, unless a driver's license or identification card with such designation was previously secured or updated while under supervision of DOC, DCFS or DJJ and there have been no changes to my address, name or designation (Florida Statute 322.212).
3. I must report **in person** either twice a year (during the month of my birth and during the sixth month following my birth month) or **four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister.

NOTE: Unless otherwise notified by the Florida Department of Law Enforcement (FDLE), Sexual Offenders that were not adjudicated delinquent are required to reregister twice a year. All Sexual Predators are required to reregister four times a year and all Sexual Offenders adjudicated delinquent are required to reregister four times a year.

I AM REQUIRED TO REREGISTER TWO TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Offenders (943.0435), unless otherwise notified by FDLE}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Predators (775.21) and Sexual Offenders (985.481), unless otherwise notified by FDLE}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

Registration No: 314643

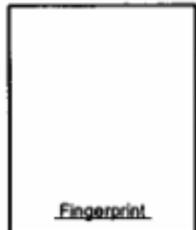
Person Number: 73274

4. Within 48 hours, after any change of address in permanent or temporary residence, change of name due to marriage or other legal process, or when my driver's license is subject to renewal, I must report that information **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles to obtain and maintain a valid Florida driver's license or identification card.
5. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting **in person** to the local Sheriff's Office. I must also obtain and maintain a valid Florida driver's license or identification card.
6. If I intend to establish residence in another state or jurisdiction other than the State of Florida, I must report **in person** to the local Sheriff's Office to notify of my intention to do so within 48 hours prior to leaving.
7. If I later decide to remain in this state (see #6 above), I must report **in person** back to the local Sheriff's Office to notify of my intention to remain in Florida. This report must occur within 48 hours after the date I indicated that I would leave. **Failure to comply with this requirement is a felony of the second degree.**
8. If I move from a permanent residence and do not have another permanent or temporary residence, I must report this change **in person** to the Sheriff's Office within 48 hours. I must update all registration information and provide an address or location that I will occupy until I establish a residence.
9. If I later decide to remain at the permanent residence (see #8 above), I must report **in person** back to the Sheriff's Office to notify of my intention. This report must occur within 48 hours after the date that I indicated that I would leave the permanent residence. **Failure to comply with this requirement is a felony of the second degree.**
10. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence.
11. If I am employed, carry on a vocation, am a student, or become a resident of another state I must also register in that state.
12. If I am enrolled, employed, or carrying on a vocation at an institution of higher education in this state, I shall also provide the name, address, and county of each institution, including each campus attended, and my enrollment or employment status. I shall report each change in enrollment or employment status **in person** at the Sheriff's Office within 48 hours after any change in status.
13. I MUST report any electronic mail address or instant message name, prior to using such, during registration/ reregistration and provide all updates through the online system provided by the Florida Department of Law Enforcement.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (*Florida Statute 775.21*) or Sexual Offender (*Florida Statute 943.0435, 944.607 or 985.481*), you are required by law to abide by those requirements listed on this form. By signing below, you acknowledge that you have read or have been read all the requirements on this form, AND that you understand these requirements.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Under penalty of perjury I declare the above is true and correct.

Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN

Date: 07/19/2010

Printed Name: 

Date: 07/19/2010

*** OFFICIAL DOCUMENT DO NOT DESTROY ***

******* NOTE: Your next ReRegistration month is January of 2011. *******



Florida Department of Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Investigations and Forensic Science Services
Enforcement and Investigative Support

Post Office Box 1489
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Ron DeSantis, Governor
Ashley Moody, Attorney General
Jimmy Patronis, Chief Financial Officer
Nikki Fried, Commissioner of Agriculture

STATE OF FLORIDA
COUNTY OF LEON

CERTIFICATION OF DOCUMENTS
REGARDING JEFFREY E. EPSTEIN

I, [REDACTED], at the Florida Department of Law Enforcement (FDLE), Tallahassee, Florida. As a records custodian, I am responsible for maintaining records for Enforcement & Investigative Support, including, among other duties, receiving and recording information provided by persons or agencies to this Department, either directly or indirectly, pursuant to the statutory duties imposed on such persons or agencies under Florida law to which there was a duty to report. I am familiar with the filing system for this information.

After being duly sworn, I hereby certify that the attached document(s), consisting of 6 page(s) are true and accurate copies of records received and kept in the regular course of official business by this Department of electronic or hard copy FDLE Sexual Predator/Offender Registration forms electronically or manually submitted by persons or agencies with knowledge of the events and were made at or near the time of the events to FDLE on or about July 9, 2010 and maintained within the Florida Department of Law Enforcement's sexual offender database and/or physical hard copy file regarding JEFFREY E. EPSTEIN, a white male with the date of birth of January 20, 1953.

[REDACTED]

(Records Custodian)

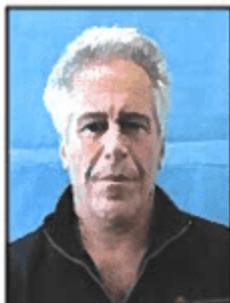
SWORN TO AND SUBSCRIBED before me this 14th day of January, 2019.

[Handwritten Signature]

Notary Public or other person authorized to administer an oath (print, type or stamp commissioned name of notary public)



Personally known or produced identification _____,
Type of identification produced _____



Registration No: 312875

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

**** Note: Your next ReRegistration month is January of 2011 ****

Registration For: July 2010 - SEXUAL OFFENDER

Reason For Registration			
<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Scheduled ReRegistration	<input type="checkbox"/> Information Update	<input type="checkbox"/> Early/Late ReRegistration

Registrant Information	
Name: <u>JEFFREY E EPSTEIN</u> (First Middle Last, Suffix)	*SSN: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Race: <u>White</u> Sex: <u>Male</u>
*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.	
FL DL or ID Card #: <u>E123425530200</u>	Height: <u>6' 00"</u> Weight: <u>180 lbs</u> Hair: <u>Grey</u> Eyes: <u>Blue</u>
Place of Birth: <u>United States Of America (usa)</u>	
Currently on Probation/Parole: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Probation Type: <input type="checkbox"/> State	Officer Name: _____ Phone: () _____
<input type="checkbox"/> Federal	Officer Name: _____ Phone: () _____
<input type="checkbox"/> County	Officer Name: _____ Phone: () _____

Out of State Travel Information (Complete if permanent or temporary address is out of state)	
<input type="checkbox"/> Permanently leaving Florida to establish a residence in another state	Date of Departure: _____
<input type="checkbox"/> Temporarily leaving Florida to visit another state	
<input type="checkbox"/> Moving from another state to permanently establish a residence in Florida	Date of Arrival: _____
<input type="checkbox"/> Visiting from another state and establishing a temporary address in Florida	
<input checked="" type="checkbox"/> Other (please describe):	<u>will be permanently leaving florida to maintain his permanent residence in the us virgin islands but will keep his address in palm beach county as a temporary residence.</u>

Previous Permanent Address	Current Permanent Address
358 El Brillo Way (Address Line 1)	Little St James (Address Line 1)
(Address Line 2)	(Address Line 2)
Palm Beach, FL 33480-4730 (City) (State) (Zip)	Unknown, YY 00000 (City) (State) (Zip)
County: <u>Palm Beach</u> End Date: <u>07/09/2010</u>	County: <u>Unknown</u> Start Date: <u>07/09/2010</u>
<input type="checkbox"/> I am vacating this residence and have no other permanent or temporary residence as of this date:	<input type="checkbox"/> I have no other permanent or temporary residence at this time.

Registration No: 312875

Person Number: 73274

Vehicles		<input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home.			
1.	2005 (Year)	Cadillac (Make)	Other (Model)	Black (Color/Color Scheme)	Auto (Vehicle Type)
	unknown (License Tag #)	FL (State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
2.	_____ (Year)	_____ (Make)	_____ (Model)	_____ (Color/Color Scheme)	_____ (Vehicle Type)
	_____ (License Tag #)	_____ (State)	This vehicle is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
3.	_____ (Year)	_____ (Make)	_____ (Model)	_____ (Color/Color Scheme)	_____ (Vehicle Type)
	_____ (License Tag #)	_____ (State)	This vehicle is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
4.	_____ (Year)	_____ (Make)	_____ (Model)	_____ (Color/Color Scheme)	_____ (Vehicle Type)
	_____ (License Tag #)	_____ (State)	This vehicle is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		
5.	_____ (Year)	_____ (Make)	_____ (Model)	_____ (Color/Color Scheme)	_____ (Vehicle Type)
	_____ (License Tag #)	_____ (State)	This vehicle is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence		

Vessels		<input checked="" type="checkbox"/> I do NOT own a vessel or houseboat.			
1.	_____ (Year)	_____ (Vessel Type)	_____ (Color/Color Scheme)	_____ (Name of Vessel)	
	_____ (Registration #)	This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
2.	_____ (Year)	_____ (Vessel Type)	_____ (Color/Color Scheme)	_____ (Name of Vessel)	
	_____ (Registration #)	This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
3.	_____ (Year)	_____ (Vessel Type)	_____ (Color/Color Scheme)	_____ (Name of Vessel)	
	_____ (Registration #)	This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
4.	_____ (Year)	_____ (Vessel Type)	_____ (Color/Color Scheme)	_____ (Name of Vessel)	
	_____ (Registration #)	This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
5.	_____ (Year)	_____ (Vessel Type)	_____ (Color/Color Scheme)	_____ (Name of Vessel)	
	_____ (Registration #)	This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			

Registration No: 312875

Person Number: 73274

Campus Activity

I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer Start Date: _____ End Date: _____

University/School Name: _____ Campus: _____

Address: _____
(Street Address) (City) (State) (Zip)

County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer Start Date: _____ End Date: _____

University/School Name: _____ Campus: _____

Address: _____
(Street Address) (City) (State) (Zip)

County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer Start Date: _____ End Date: _____

University/School Name: _____ Campus: _____

Address: _____
(Street Address) (City) (State) (Zip)

County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts

I do NOT use any email addresses or Instant Message screen names.

Email Addresses

1. jeeproject@yahoo.com
2. jeevacation@gmail.com
3. _____
4. _____
5. _____

Instant Message Screen Names

Name: _____ Provider: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481) where **"Permanent residence"** means a place where the person abides, lodges, or resides for 5 or more consecutive days, and **"Temporary residence"** means a place where the person abides, lodges, or resides for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address; or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state, I understand that I am required by law to abide by the following: **FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED)**

1. I must report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in the state of Florida or within 48 hours of release from custody and/or supervision of Department of Corrections (DOC), Department of Children and Family Services (DCFS) or Department of Juvenile Justice (DJJ) to register my temporary or permanent address.
2. Within 48 hours after the initial report required as stated in requirement #1 above, I must report **in person** the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) to obtain a valid Florida driver's license or identification card displaying one of the following designations **"775.21, F.S."** or **"943.0435, F.S."**, unless a driver's license or identification card with such designation was previously secured or updated while under supervision of DOC, DCFS or DJJ and there have been no changes to my address, name or designation (Florida Statute 322.212).
3. I must report **in person** either twice a year (during the month of my birth and during the sixth month following my birth month) or four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister.

NOTE: Unless otherwise notified by the Florida Department of Law Enforcement (FDLE), Sexual Offenders that were not adjudicated delinquent are required to reregister twice a year. All Sexual Predators are required to reregister four times a year and all Sexual Offenders adjudicated delinquent are required to reregister four times a year.

I AM REQUIRED TO REREGISTER TWO TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Offenders (943.0435), unless otherwise notified by FDLE}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Predators (775.21) and Sexual Offenders (985.481), unless otherwise notified by FDLE}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

Registration No: 312875

Person Number: 73274

4. Within 48 hours, after any change of address in permanent or temporary residence, change of name due to marriage or other legal process, or when my driver's license is subject to renewal, I must report that information **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles to obtain and maintain a valid Florida driver's license or identification card.
5. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting **in person** to the local Sheriff's Office. I must also obtain and maintain a valid Florida driver's license or identification card.
6. If I intend to establish residence in another state or jurisdiction other than the State of Florida, I must report **in person** to the local Sheriff's Office to notify of my intention to do so within 48 hours prior to leaving.
7. If I later decide to remain in this state (see #6 above), I must report **in person** back to the local Sheriff's Office to notify of my intention to remain in Florida. This report must occur within 48 hours after the date I indicated that I would leave. **Failure to comply with this requirement is a felony of the second degree.**
8. If I move from a permanent residence and do not have another permanent or temporary residence, I must report this change **in person** to the Sheriff's Office within 48 hours. I must update all registration information and provide an address or location that I will occupy until I establish a residence.
9. If I later decide to remain at the permanent residence (see #8 above), I must report **in person** back to the Sheriff's Office to notify of my intention. This report must occur within 48 hours after the date that I indicated that I would leave the permanent residence. **Failure to comply with this requirement is a felony of the second degree.**
10. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence.
11. If I am employed, carry on a vocation, am a student, or become a resident of another state I must also register in that state.
12. If I am enrolled, employed, or carrying on a vocation at an institution of higher education in this state, I shall also provide the name, address, and county of each institution, including each campus attended, and my enrollment or employment status. I shall report each change in enrollment or employment status **in person** at the Sheriff's Office within 48 hours after any change in status.
13. I MUST report any electronic mail address or instant message name, prior to using such, during registration/ reregistration and provide all updates through the online system provided by the Florida Department of Law Enforcement.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (*Florida Statute 775.21*) or Sexual Offender (*Florida Statute 943.0435, 944.607 or 985.481*), you are required by law to abide by those requirements listed on this form. By signing below, you acknowledge that you have read or have been read all the requirements on this form, AND that you understand these requirements.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.

Under penalty of perjury I declare the above is true and correct.



Registrant: 
Signature Required

Witnessed by Reporting Officer: 
Signature Required

Printed Name: JEFFREY E EPSTEIN

Date: 07/09/2010

Printed Name: 

Date: 07/09/2010

*** OFFICIAL DOCUMENT DO NOT DESTROY ***

******* NOTE: Your next ReRegistration month is January of 2011. *******