

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90044 039 ****80.00

DOCUMENT # 729072

1. Entity Name

FRATERNAL ORDER OF POLICE, GATOR LODGE 67, INC.

Principal Place of Business

**3301 NORTH MAIN TERR
 GAINESVILLE FL 32609**

Mailing Address

**2524 N.E. 65 TERR
 GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7297965**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCADAMS, JEFFERY B
 2524 NE 65 TERR
 GAINESVILLE FL 32609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCADAMS, JEFFREY B	
STREET ADDRESS	2524 NE 65 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUERETH, DONNA	
STREET ADDRESS	609 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	* P	<input type="checkbox"/> Delete
NAME	LEE, DAVID	
STREET ADDRESS	22518 NW 60TH LANE	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, JON	
STREET ADDRESS	9109 SW 1ST PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, LEE M	
STREET ADDRESS	2101 SE 41 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, KENNY	
STREET ADDRESS	12105 N.W. 63RD. BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01 (352) 374-2444

Date

Daytime Phone #

CR2E037 (10/00)