

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90020 011 \*\*\*\*61.25

**DOCUMENT # 729819**

1. Entity Name

**FRATERNAL ORDER OF POLICE-H.J. YOUNGBLOOD LODGE**

Principal Place of Business

Mailing Address

LOGAN ROAD  
 YULEE FL 32097  
 US

6336 GRAVES STREET  
 JACKSONVILLE FL 32210-7272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2403368**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, ROBERT L ESQUI  
 JACOBS & PETERS PA  
 401 CENTRE STREET, 2ND FLOOR  
 FERNANDINA BEACH FL 32034**

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  Delete  
 NAME **ST LANGDALE, E J JR.**  
 STREET ADDRESS **6336 GRAVES STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T CONDURELIS, EDITH L**  
 STREET ADDRESS **1094 BLACKMAN ROAD**  
 CITY-ST-ZIP **YULEE FL 32097**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SPRUANCE, RUSSELL A**  
 STREET ADDRESS **652 PINEY ISLAND DRIVE**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME **T WILKINS, HELEN L.**  
 STREET ADDRESS **675 EZELL LANE**  
 CITY-ST-ZIP **YULEE, FL 32097**

TITLE  Delete  
 NAME **T SYLVESTER, ROBERT W.**  
 STREET ADDRESS **488 MYRTICE ROAD**  
 CITY-ST-ZIP **YULEE FL 32097**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V GEARIS, SCOTT A**  
 STREET ADDRESS **50 BOBBY MOORE CIRCLE**  
 CITY-ST-ZIP **YULEE FL 32097**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P HALL, JOHNNIE L. SR.**  
 STREET ADDRESS **RT 3 BOX 641-Z**  
 CITY-ST-ZIP **CALLAHAN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE:

*E. J. Langdale Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**E. J. LANGDALE JR. )01-07-2000 (904)771-4596**

Date

Daytime Phone #