

2000 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number

59-2403368

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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE