## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # NO3255

1. Entity Name

## CORAL SPRINGS FRATERNAL ORDER OF POLICE LODGE NO

## FILED Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90029 014 \*\*\*\*61.25

Procedure Place of Business P.O. 80X 779-828 CORNL SPRINGS PL 2007-0608 Place of Business P.O. 80X 779-828 CORNL SPRINGS PL 2007-0608 Place of Business P.O. 80X 779-828 CORNL SPRINGS PL 2007-0608 Place of Business P.O. 80X 779-828 CORNL SPRINGS PL 2007-0608 Place of Business P.O. 80X 779-828 CORNL SPRINGS PL 2007-0608 Place of Business Place of Busines									
2. Principal Place of Susiness   3. Making Address   DO NOT Write in This SPACE    2. Principal Place of Susiness   3. Making Address   DO NOT Write in This SPACE    2. Principal Place of Susine   City & State   City & State    2. Cry & State   City & State   City & State    2. Principal Place of Susiness   A. FEI Number   NOT APPLICABLE   Not Applicable    2. Principal Place of Susine   Power    2. Principal Place of Susine   Power    3. Making Address of Current Registered Agent    2. Principal Place of Status   Power    3. Name and Address of Status    3. Name and Address of New Registered Agent    7. Name and Address of New	Principal Place of Business Mailing Address								
Suite, Apt. 4, etc.    City & State	1.01 000 110 000					U V Y J O &			
Suite, Apt. 4, etc.    City & State								) ( <b>3 ( 1 ( ) ) ( )</b>	
City & State  City & State  City & State  City & State  Country  C	2. Principal Pl	ace of Business	3. Mailing Address	Mailing Address			i <b>118</b> 17 <b>1</b> 1811 <b>1</b> 11	}	
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		DO NOT WRITE IN THIS SE	PACE		
S. Name and Address of Current Registered Agent   S. Owninciate Settle	City & State	3	City & State		4. FEI Numbe	NOT APPLICABLE			
CAFFRAY, JAMES 201 COPAL SPRINGS DR. CORAL SPRINGS FL 33065  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    Symbox 1, pad or admed nerve of registered sport are till in applicable.   BOTE Fleg when April sprulure require when the rediction or septistered agent, or both, in the state of Florida.    SIGNATURE   Symbox 1, pad or admed nerve of registered sport are till in applicable.   BOTE Fleg when April sprulure required when the rediction   DATE	Zip	Country	Zip	Country	5. Certificate				
CAFRAY, JAMES 2801 CORAL SPRINGS DR. CORAL SPRINGS PL 33065  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida.  SIGNATURE    Superior, lone or private reter of registered agent and the appropriate   Indicator   In		6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered A	gent		
201 CORAL SPRINGS FL 33065  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the state of Florida.  SIGNATURE    Signature   Department   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Department   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Department   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Department   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Signature   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Signature   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Signature   Statement for the purpose of changing its registered algent, or both, in the state of Florida.    Signature   Sign	<del></del>			Name					
CORAL SPRINGS FL 33065  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   Signat				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida.    Signature   Signature trained agent and title   capicable.   (NOTE Registered Agent structure)   DATE				City		FL	Zip Code	•	
SIGNATURE    FILE NOW: FEE IS \$61.25	0.75		r the oursees of changing its	registered office or	registered agent or bot		J	<del></del>	
FILE NOW: FEE IS \$61.25  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CAFFRAY, JAMES 2801 CORAL SPRINGS DR. COY-ST-ZP  TITLE MAME MAME STREET ADDRESS CITY-ST-ZP  CORAL SPRINGS FL 33065  CITY-ST-ZP  CORAL SPRINGS DR. CORAL SPRINGS FL 33065  CITY-ST-ZP  TITLE	8. The above	named entity submits this statement to	r the purpose of changing its t	egistered office of t	egistered agent, or bot	ii, iii die state of Florida.			
TILE OCRAL SPRINGS DR. CITY-ST-ZIP CORAL SPRINGS DR. CITY-ST-ZIP CORAL SPRINGS DR. CITY-ST-ZIP CORAL SPRINGS DR. CORAL SPRINGS DR. CITY-ST-ZIP CITY-ST	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	DATE			
TILE OCRAL SPRINGS DR. CITY-ST-ZIP CORAL SPRINGS DR. CITY-ST-ZIP CORAL SPRINGS DR. CITY-ST-ZIP CORAL SPRINGS DR. CORAL SPRINGS DR. CITY-ST-ZIP CITY-ST		FILE NOW:	9. Election Campaign	Financing	\$5 00 May Be	Make Check P	avable to	1	
TITLE NAME STREET ADDRESS COPAL SPRINGS DR. COPA		• •••	Trust Fund Contribu	ition.	Added to Fees	Department :	of State		
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE RACZKA, SHERRY Z801 CORAL SPRINGS DR. CITY-ST-ZIP TITLE RACZKA, SHERRY Z801 CORAL SPRINGS DR. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	10.	OFFICERS AND DIE	 RECTORS	11.	ADDITIONS/CH/	ANGES TO OFFICERS AND DIR	ECTORS IN	10	
STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS DR. CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE MAME MORRIS, RICHARD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS DR. CORAL SPRINGS DR. CORAL SPRINGS DR. CORAL SPRINGS DR. CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CI		<u> </u>		TITLE			☐ Change	☐ Addition	
CITY-ST-ZP  CORAL SPRINGS FL 33065	NAME								
TITLE MAME MORRIS, RICHARD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS DR. CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRES	1								
MORRIS, RICHARD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS DR. CORAL SPRING		CORAL SPRINGS FL 33065					Change		
STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065  TITLE NAME RACZKA, SHERRY 2801 CORAL SPRINGS DR. CORAL SPRINGS FL 33065  TITLE TAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		MODRIS RICHARD	∟ Delete					Addition (	
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			man from			manager of the same		ì	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	l			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	T	☐ Delete	TITLE			Change	Addition	
CITY-ST-ZIP  CORAL SPRINGS FL 33065  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	l			NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS DR. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		T TO THE TOTAL TOT	☐ Delete				∐ Change	☐ Addition	
CITY-ST-ZIP  CORAL SPRINGS FL 33065  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł								
TITLE         Delete         TITLE         Change         Addition           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         CHANGE         CHANGE         Addition           NAME         NAME         NAME         NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP	ļ		•						
NAME STREET ADDRESS CITY-ST-ZIP  TILE TILE TILE TILE TILE TILE TILE TIL	<del> </del>	CONTRACT MINOR LE COCCO	Delete	<b></b>	**************************************		☐ Change	Addition	
STREET ADDRESS         CITY-ST-ZIP         STREET ADDRESS         CITY-ST-ZIP           TITLE         TITLE NAME         NAME         NAME           STREET ADDRESS         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP			<u> </u>				-	İ	
TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TO Change  Addition  Addition  Addition				STREET ADDRESS					
NAME         NAME           STREET ADDRESS         \$ STREET ADDRESS         \$ CITY-ST-ZIP	CITY-ST-ZIP		***	CITY-ST-ZIP		·			
STREET ADDRESS ;, CITY-ST-ZIP : STREET ADDRESS ;,	TITLE	•	Delete	TITLE * *			☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME				•				
UT OF EI	1		· · · · ·		5)				
	L CITY-ST-ZIP		D-	CHY-ST-ZIP					

receipt certify that the minimation supplied with this mining does not quality for the exemption stated in Section 119.07(3)(f), Fronda Statutes. Traffred certify that in minimation 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:

1-6-01