

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90042 045 ****61.25

DOCUMENT # N03255

1. Entity Name

CORAL SPRINGS FRATERNAL ORDER OF POLICE LODGE NO
. 87, INC.

Principal Place of Business

Mailing Address

P.O. BOX 770-626
CORAL SPRINGS FL 33077-0626

P.O. BOX 770-626
CORAL SPRINGS FL 33077-0626

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

NOT APPLICABLE

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

CAFFRAY, JAMES
2801 CORAL SPRINGS DR.
CORAL SPRINGS FL 33065

Name

DOUGLAS R. WILLIAMS

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

2801 CORAL SPRINGS DR

City

CORAL SPRING

FL

Zip Code

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

Douglas R. Williams President DOUGLAS R. WILLIAMS PRESIDENT

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 D
NAME CAFFRAY, JAMES ☒ Delete
STREET ADDRESS 2801 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D
NAME DOUGLAS R. WILLIAMS ☐ Change ☒ Addition
STREET ADDRESS 2801 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T
NAME MORRIS, RICHARD ☒ Delete
STREET ADDRESS 2801 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T
NAME CYNTHIA KLEE ☐ Change ☒ Addition
STREET ADDRESS 2801 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T
NAME RACZKA, SHERRY ☐ Delete
STREET ADDRESS 2801 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE T
NAME WALTERS, JOHN ☐ Delete
STREET ADDRESS 2801 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SHERRY RACZKA

011802

Date

Daytime Phone #

CR2E037 (9/01)

954 3461764
EXT 5