

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90047 045 ***550.00

DOCUMENT # N26247

1. Entity Name

FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'

Principal Place of Business

Mailing Address

F. O. P. LODGE 29
 4220 LAND O'LAKES BLVD.
 LAND O'LAKES FL 34639
 US

S LODTE #29, INC
 P.O. BOX 426
 NEW PORT RICHEY FL 34656-0426
 US

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

59-2839082

Applied For

Not Applicable

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

CALHOUN, CHARLES A
8038 CHICKSAW LANE
PORT RICHEY FL 34688

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

Charles A. Calhoun

5-17-00

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: **PDS CALHOUN, CHARLES A**
 STREET ADDRESS: **8038 CHICKSAW LAW**
 CITY-ST-ZIP: **PORT RICHEY FL**

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

TITLE: Delete
 NAME: **VPD LATON, FRANK J.**
 STREET ADDRESS: **10220 TURKEY OAK DR.**
 CITY-ST-ZIP: **NEW PORT RICHEY FL**

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

TITLE: Delete
 NAME: **TD CARAMICO, MICHAEL**
 STREET ADDRESS: **10200 CENTRAL BLVD 6526 RIVER ROAD**
 CITY-ST-ZIP: **LAND O'LAKES FL NEW PORT RICHEY FL 34652**

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

TITLE: Delete
 NAME: **VP SKIPSTONE, ROBERT**
 STREET ADDRESS: **3061 HAMMERSTONE RD**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34654**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
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TITLE: Delete
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 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:

Michael S. Caramico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Michael S. Caramico** **5/17/00** **(727) 796 3354**

Date

Daytime Phone #

CR2E037 (9/99)