

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90053 019 \*\*\*\*70.00

**DOCUMENT # N26247**

1. Entity Name

**FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'**

Principal Place of Business

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

Mailing Address

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

UUU11132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2839082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALHOUN, CHARLES A  
 8038 CHICKSAW LANE  
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name **FRANK J. LATON JR.**

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

**5646 Hereford Dr.**

City **New Port Richey**

FL

Zip Code **34655**

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          | PDS                      | <input checked="" type="checkbox"/> Delete |
| NAME           | CALHOUN, CHARLES A.      |  |
| STREET ADDRESS | 8038 CHICKSAW LAW        |  |
| CITY-ST-ZIP    | PORT RICHEY FL           |  |
| TITLE          | VPD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | LATON, FRANK J.          |  |
| STREET ADDRESS | 10220 TURKEY OAK DR.     |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL       |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CARAMICO, MICHAEL        |  |
| STREET ADDRESS | 6526 RIVER RD            |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34652 |  |
| TITLE          | VP                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SKIPSTONE, ROBERT        |  |
| STREET ADDRESS | 3061 HAMMERSTONE RD      |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34654 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PDS.                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FRANK J. LATON JR. (P)(D) |  |
| STREET ADDRESS | 5646 Hereford Dr.         |  |
| CITY-ST-ZIP    | New Port Richey FL 34655  |  |
| TITLE          | VPD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | John Connolly (V)         |  |
| STREET ADDRESS | 14185 Barlington St.      |  |
| CITY-ST-ZIP    | Spring Hill, FL 34609     |  |
| TITLE          | TD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Erik Anthes (T)           |  |
| STREET ADDRESS | 16533 Crossandra Lane     |  |
| CITY-ST-ZIP    | Brooksville FL 34610      |  |
| TITLE          | SEC                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | John Nelson (S)           |  |
| STREET ADDRESS | 16407 Monteverde Dr.      |  |
| CITY-ST-ZIP    | Spring Hill, FL 34610     |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 REQUIRED** *Truman*

Date **01-23-2001** (727) 844-7734

CR2E037 (10/00)