

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26247

1. Entity Name

FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'S LODGE #29, INC.

FILED

02 OCT 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

S LODGE #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

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

7. Name and Address of New Registered Agent

LATON, FRANK
5646 HEREFORD DRIVE
NEW PORT RICHEY FL 34655

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	PDS LATON, FRANK 5646 HEREFORD DRIVE 9249 CALLE ALTA NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUSTEE CONNOLLY, JOHN 14185 BURLINGTON STREET SPRINGHILL FL 34809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTHES, ERIK 16533 CROSSANDRA LANE BROOKSVILLE FL 34610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NELSON, JOHN 16407 MONTEVERDE DRIVE SPRINGHILL FL 34610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE MICHAEL J. CARANICO JR. 6526 RIVER ROAD NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNETH YORK 10107 WHEATLAND RD. NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL DIRECTORS BUSINESS ADDRESSES PO PASCO CO. SHERIFFS OFFICE 8700 CITIZEN DRIVE NEW PORT RICHEY FL 34654	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL CARANICO BUSINESS ADDRESSES PO PINELLAS CO SHERIFFS OFFICE 14400 49TH ST. NORTH CLEARWATER FL 33762	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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) MICHAEL CARANICO ST. 8/21/02 (727) 464-7027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)