

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28827

1. Entity Name

FRATERNAL ORDER OF POLICE TREASURE COAST LODGE 411

**FILED**  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90107 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O JIMMY L. MOSLEY  
2505 ATLANTIC AVE  
FORT PIERCE FL 34954  
US

C/O JIMMY L. MOSLEY  
P.O. BOX 2225  
FORT PIERCE FL 34954-2225  
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

65-0087714

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

WILLNOW, WADE  
1733 SW MILLIKIN AVE  
FORT PIERCE FL 34950

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

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	DT	<input type="checkbox"/> Delete
NAME	MOSLEY, JIMMY L	
STREET ADDRESS	5100 PINETREE DR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOSLEY, JIMMY L	
STREET ADDRESS	5100 PINETREE DR	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLNOW, WADE	
STREET ADDRESS	1733 SW MILLIKIN AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MESSINA, JOSEPH	
STREET ADDRESS	206 N 37TH ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SEREG, EUGENE	
STREET ADDRESS	631 SW DELORES AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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 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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)