

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90080 026 \*\*\*\*61.25

**DOCUMENT # N32395**

1. Entity Name

**FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.**

Principal Place of Business

Mailing Address

2641 N MAGNOLIA AVE  
 OCALA FL 34475-9361

PO BOX 6193  
 OCALA FL 34478-6193  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2914281**

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

**SLUSSER, JULIA**  
**214 S.E. FT. KING**  
**P.O. BOX 1871**  
**OCALA FL 34478**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**402 S. Pine Av**

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

*Julia Slusser*

**Julia Slusser, President/Director**

**01-31-00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	SLUSSER, JULIA A	PO BOX 6193 N/A	OCALA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FORD, ROBIN	PO BOX 6193 N/A	OCALA FL	<input checked="" type="checkbox"/>	VD	W. R. EICHLER	P O BOX 6193 OCALA FL 34478		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MCGUIGAN, DONALD J	PO BOX 6193 N/A	OCALA FL	<input checked="" type="checkbox"/>	SD	J L MANZONE JR	P O BOX 6193 OCALA FL 34478		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	THIBODEAU, STEVE J	PO BOPX 6193 N/A	OCALA FL	<input checked="" type="checkbox"/>	TD	L.H. Revels	P O Box 6193 Ocala FL 34478		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Julia Slusser* SIGNATURE REQUIRED SLUSSER**

**01-31-00**

**(352) 237-3744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)