

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90178 033 *****61.25

DOCUMENT # N97000004462

1. Entity Name

**FRATERNAL ORDER OF POLICE HILLSBORO BEACH, LODGE
 #61, INCORPORATED**

Principal Place of Business

Mailing Address

**1210 HILLSBORO MILE
 HILLSBORO BEACH FL 33062**

**1210 HILLSBORO MILE
 HILLSBORO BEACH FL 33062**

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

NOT APPLICABLE

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

WOOLSEY, JAMES

Name **WOOLSEY, JAMES**

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

1210 HILLSBORO MILE

City

HILLSBORO BEACH, FL

FL

Zip Code
33062

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 NAME | PD WOOLSEY, JAMES | <input type="checkbox"/> Delete |
| STREET ADDRESS | [REDACTED] | |
| CITY-ST-ZIP | [REDACTED] | |
| TITLE NAME | SD BRUGNONI, FELIX D | <input type="checkbox"/> Delete |
| STREET ADDRESS | [REDACTED] | |
| CITY-ST-ZIP | [REDACTED] | |
| TITLE NAME | VPD SZESNAT, JAY | <input type="checkbox"/> Delete |
| STREET ADDRESS | [REDACTED] | |
| CITY-ST-ZIP | [REDACTED] | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE NAME | PD WOOLSEY, JAMES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1210 HILLSBORO MILE | |
| CITY-ST-ZIP | HILLSBORO BEACH, FL 33062 | |
| TITLE NAME | SD BRUGNONI, FELIX D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1210 HILLSBORO MILE | |
| CITY-ST-ZIP | HILLSBORO BEACH, FL 33062 | |
| TITLE NAME | VPD SZESNAT, JAY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1210 HILLSBORO MILE | |
| CITY-ST-ZIP | HILLSBORO BEACH, FL 33062 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE REQUIRED

01-09-02 (954) 427-6100

CR2E037 (9/01)