

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90015 024 ****61.25

DOCUMENT # 704728

1. Entity Name

FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, I

Principal Place of Business

Mailing Address

242 OFFICE PLAZA
 POB 1349 (32302)
 TALLAHASSEE FL 32301

242 OFFICE PLAZA
 POB 1349 (32302)
 TALLAHASSEE FL 32301-2808



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

23-7585970

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

CAMERON, PHILIP D.
2404 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304

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:
FEES 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: P/D
 NAME: CAMERON, PHILIP
 STREET ADDRESS: 2404 E. SUNRISE BLVD.
 CITY-ST-ZIP: FT. LAUDERDALE FL 33304 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: S
 NAME: MACK, KENNY
 STREET ADDRESS: 12105 MILLHOPPER RD
 CITY-ST-ZIP: GAINESVILLE FL 32653 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T/D
 NAME: MERRITT, DONALD E
 STREET ADDRESS: 6146 PICKETTVILLE RD
 CITY-ST-ZIP: JACKSONVILLE FL 32254 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: PD
 NAME: HOLDERFIELD, JIMMY A
 STREET ADDRESS: 9541 MELVINE RD
 CITY-ST-ZIP: JACKSONVILLE FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VPD
 NAME: MANN, JAMES M.
 STREET ADDRESS: 9834 S.W. 195TH STREET
 CITY-ST-ZIP: MIAMI FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: IVPD
 NAME: NELSON, JOHN C
 STREET ADDRESS: 16407 MONTEVERDE DRIVE
 CITY-ST-ZIP: SPRINGHILL FL 34610 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

Donald E Merritt

April 5, 2000

904 786-1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 1:037 (9/99)