

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90491 012 \*\*\*\*61.25

0000623

**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

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

**23-7585970**

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

**CAMERON, PHILIP D.**

~~2404 E. SUNRISE BLVD.~~

~~FT. LAUDERDALE FL 33304~~

2625 NE 22 Street

Ft. Lauderdale, Florida

33305

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	CAMERON, PHILIP	2404 E. SUNRISE BLVD.	2625 NE 22 Street FT. LAUDERDALE FL 33304	<input type="checkbox"/>
S	MACK, KENNY	12105 MILLHOPPER RD	GAINESVILLE FL 32653	<input type="checkbox"/>
T/D	MERRITT, DONALD E	6146 PICKETVILLE RD	JACKSONVILLE FL 32254	<input type="checkbox"/>
PD	HOLDERDIELD, JIMMY A	9541 MELVINE RD	JACKSONVILLE FL	<input type="checkbox"/>
VPD	MANN, JAMES M.	9834 S.W. 195TH STREET	MIAMI FL	<input type="checkbox"/>
1VPD	NELSON, JOHN C	16407 MONTEVERDE DRIVE	SPRINGHILL FL 34610	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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:** *Donald E. Merritt* Donald E. Merritt, Treasurer March 9, 2001 904 786-1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)