

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729767

1. Entity Name

THE WEST PALM BEACH POLICE OFFICERS ASSISTANCE F

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90046 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

600 BANYAN BLVD  
P O BOX 1390  
WEST PALM BEACH FL 33402-1390  
US

600 BANYAN BLVD  
P O BOX 1390  
WEST PALM BEACH FL 33402-1390  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1581333

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

DAMSEL, CHARLES H., JR.  
415 FIFTH STREET  
WEST PALM BEACH FL 33402

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 PD  
NAME ROBINSON, GARY L  
STREET ADDRESS 600 BANYAN BLVD  
CITY-ST-ZIP W. PALM BCH FL 33401 ☐ Delete

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

TITLE VD  
NAME VANDEUSEN, LAURIE J  
STREET ADDRESS 600 BANYAN BLVD  
CITY-ST-ZIP W. PALM BCH FL 33401 ☐ Delete

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

TITLE ST  
NAME MCDERMOTT, LINDA  
STREET ADDRESS 4572 ORCHID DR  
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 104 Sherwood Circle #1B  
CITY-ST-ZIP Jupiter, Fl. 33458 ☒ Change ☐ Addition

TITLE D  
NAME ORTMAN, ALLAN W  
STREET ADDRESS 600 BANYAN BLVD  
CITY-ST-ZIP W. PALM BCH FL 33401 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: *Linda McDermott* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 2000

Date

561-653-3503

Daytime Phone #