

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90178 007 ****61.25

DOCUMENT # 729767

1. Entity Name

THE WEST PALM BEACH POLICE OFFICERS ASSISTANCE F

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

Zip

Country

Zip

Country

4. FEI Number

59-1581333

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

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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ST
NAME MCDERMOTT, LINDA
STREET ADDRESS 104 SHERWOOD CIRCLE 1B
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 107 CHADWICK DRIVE
CITY-ST-ZIP Jupiter, FL 33458

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ 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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

561-653-3503

Date

Daytime Phone #

CR2E037 (10/00)