

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735181

1. Entity Name

UPPER KEYS LODGE #92, FRATERNAL ORDER OF POLICE.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90194 017 ****70.00

Principal Place of Business

Mailing Address

88770 OVERSEAS HWY
BOX 32
TAVERNIER FL 33070

88770 OVERSEAS HWY
BOX 32
TAVERNIER FL 33070-0032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2359619

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

COCKRELL, SCOTT
88770 OVERSEAS HWY
TAVERNIER, FL
33070

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

SCOTT COCKRELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-2000

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	TD	<input type="checkbox"/> Delete
NAME	COCKRELL, SCOTT	
STREET ADDRESS	88770 OVERSEAS HWY	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BECKETT, ROBERT	
STREET ADDRESS	88770 OVERSEAS HWY	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAZIL, THOMAS	
STREET ADDRESS	88770 OVERSEAS HWY	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUNTER, DALE	
STREET ADDRESS	88770 OVERSEAS HIGHWAY	
CITY - ST - ZIP	TAVERNIER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SCOTT COCKRELL **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-2000

CR2E037 (9/99)