

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757891 *R*

1. Entity Name

LAKE WORTH POLICE OFFICERS BENOVELENT ASSOCIATIO

Principal Place of Business

120 NO G STREET  
LAKE WORTH FL 33460-3342

Mailing Address

120 NO G STREET  
LAKE WORTH FL 33460-3342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BAKKE, EARL F  
120 NORTH G ST  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME CONFORTI, FRANK  
STREET ADDRESS 120 N G STREET  
CITY-ST-ZIP LAKE WORTH FL

TITLE VPD ☐ Delete  
NAME EVANS, WILLIAM  
STREET ADDRESS 2411 NORTH EAST COAST ROAD  
CITY-ST-ZIP LAKE WORTH FL

TITLE SDTD ☐ Delete  
NAME BAKKE, EARL  
STREET ADDRESS 120 NO G ST  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00  
Date

561-968-944  
Daytime Phone #

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

07-10-2000 90012 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CP2E037 (9/99)