

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 757891**

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

4. FEI Number **NOT APPLICABLE**

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

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

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)

8/10/01

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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	<input checked="" type="checkbox"/> Delete
NAME	CONFORTI, FRANK	
STREET ADDRESS	120 N G STREET	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, TOM	
STREET ADDRESS	120 No. G St	
CITY-ST-ZIP	LW, FL 33460	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, WILLIAM	
STREET ADDRESS	2411 NORTH EAST COAST ROAD	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frankiewicz, Richard	
STREET ADDRESS	120 No. G St	
CITY-ST-ZIP	Lake Worth, FL 33460	

TITLE	SgtD	<input type="checkbox"/> Delete
NAME	BAKKE, EARL	
STREET ADDRESS	120 NO G ST	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	SgtD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pope, John	
STREET ADDRESS	120 No. G St	
CITY-ST-ZIP	Lake Worth, FL 33460	

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		

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		

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		

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

8/10/01

Date:

504-586-1111

Daytime Phone #

CR2E037 (5/01)