# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 30, 2001 8:00 am**
**Secretary of State**
01-30-2001 90192 045 ****61.25

DOCUMENT # 765679

1. Entity Name

FRATERNAL ORDER OF POLICE, STATE OF FLORIDA, DIS

| Principal Place of Business | Mailing Address |
|---|---|
| ~~9940 LONE TREE LN.~~<br>~~ORLANDO FL 32836~~<br>US | ~~P.O. BOX 2055~~<br>~~WINDERMERE FL 34786~~<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2405 Eagle Trace Drive | 2405 Eagle Trace Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Kissimmee,Florida | City & State: Kissimmee, Florida |
| Zip: 34746 Country: US | Zip: 34746 Country: US |

4. FEI Number 59-2158232 ☐ 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 |
|---|---|
| BARTHOLOME, RON<br>~~9940 LONE TREE LN.~~<br>~~ORLANDO FL 32836~~ | Name BARTHOLOME,RON<br>Street Address (P.O. Box Number is Not Acceptable)<br>2405 EAGLE TRACE DRIVE<br>City KISSIMMEE **FL** Zip Code 34746 |

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PDD<br>BARTHOLOME, RON<br>~~9940 LONE TREE LN.~~<br>~~ORLANDO FL 32836~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDD<br>BARTHOLOME,RON<br>2405 EAGLE TRACE DRIVE<br>KISSIMMEE,FLORIDA 34746 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SCOTT, DAVID<br>5341 MICHIGAN AVE.<br>SANFORD FL 32771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MARTIN, DAVID<br>1004 TAPROOT DRIVE<br>WINTER SPRINGS FL 32708 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BARTHOLME, RON<br>~~9940 LONE TREE LN~~<br>~~ORLANDO FL 32836~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BARTHOLOME,RON<br>2405 EAGLE TRACE DRIVE<br>~~KISSIMMEE,FLORIDA 34746~~ | ☒ 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 |

CR2E037 (10/00)

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:** Ron Bartholome RON BARTHOLOME SIGNATURE REQUIRED 01/12/01 407-836-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #