

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 031 ****61.25

DOCUMENT # 765679

1. Entity Name

FRATERNAL ORDER OF POLICE, STATE OF FLORIDA, DISTRICT 7 INC.



Principal Place of Business

**2405 EAGLE TRACE DRIVE
KISSIMMEE FL 34746
US**

Mailing Address

**2405 EAGLE TRACE DRIVE
KISSIMMEE FL 34746
US**

2. Principal Place of Business

5341 MICHIGAN AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 720344
Suite, Apt. #, etc.

City & State

SANFORD FLORIDA

City & State

ORLANDO FLORIDA

Zip

32771

Country

USA

Zip

32872

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

**BARTHOLOME, RON
2405 EAGLE TRACE DRIVE
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **DAVE SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
5341 Michigan Ave
City **SANFORD** FL Zip Code **32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE **5/1/2003**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDD** ☒ Delete
NAME **BARTHOLOME, RON**
STREET ADDRESS **2405 EAGLE TRACE DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VD** ☒ Delete
NAME **SCOTT, DAVID**
STREET ADDRESS **5341 MICHIGAN AVE.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **SD** ☒ Delete
NAME **MARTIN, DAVID**
STREET ADDRESS **1004 TAPROOT DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** ☐ Delete
NAME **BARTHOLME, RON**
STREET ADDRESS **2405 EAGLE TRACE DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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 **PDD** ☒ Change ☐ Addition
NAME **DAVID SCOTT**
STREET ADDRESS **5341 MICHIGAN AVE**
CITY-ST-ZIP **SANFORD FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **BOB SIMONSEN CVD/T**
STREET ADDRESS **PO Box 720344**
CITY-ST-ZIP **ORLANDO, FL 32872**

TITLE **VD** ☐ Change ☒ Addition
NAME **STEVE KLAOKA**
STREET ADDRESS **PO Box 720344**
CITY-ST-ZIP **ORLANDO FLA 32872**

TITLE **SANTA Kelly** ☐ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 720344**
CITY-ST-ZIP **ORLANDO FLA 32872**

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/1/2003 407-832-2100

CR2E037 (10/02)