

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90493 007 \*\*\*\*61.25

**DOCUMENT # N00000005276**

1. Entity Name

**FRATERNAL ORDER OF POLICE OF LEVY COUNTY LODGE #**

Principal Place of Business

Mailing Address

P O BOX 1405  
 BRONSON FL 32621

P O BOX 1405  
 BRONSON FL 32621

34303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HUTSON, HARRY  
 514 SW 2 AVE  
 Ocala FL 34474**

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 **X HARRY K. HUTSON**

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

(NOTE: Registered Agent Signature required when reinstating)

**3/8/01**  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**PRESIDENT  
 HARRY K. HUTSON  
 12660 NW 117TH AVE  
 CHIEFLAND, FL 32626**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**SECRETARY  
 BRYAN K. OSTEEN  
 2012 N.E. 163RD AVE  
 WILLISTON, FL 32696**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**TREASURER  
 LAUREE L. ALLEN  
 P.O. Box 747  
 CHIEFLAND, FL 32644**

TITLE  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**1ST VICE PRESIDENT  
 LYNN E. SLAUGHTER  
 1330 SE 175TH CT  
 MORRISTON, FL 32668**

TITLE  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**2ND VICE PRESIDENT  
 LEONARD P. OTT  
 P.O. Box 2480  
 CHIEFLAND, FL 32644**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**CHAPLIN  
 GARY R. TAYLOR  
 7951 SE 200TH AVE  
 MORRISTON, FL 32668**

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: **HARRY K. HUTSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)