

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90047 046 \*\*\*\*61.25

**DOCUMENT # N00000005276**

1. Entity Name

**FRATERNAL ORDER OF POLICE OF LEVY COUNTY LODGE # 137, INC.**

Principal Place of Business

Mailing Address

P O BOX 1405  
 BRONSON FL 32621

P O BOX 1405  
 BRONSON FL 32621

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

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

Name

**Leonard P. Ott**

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

**514 S.W. 2nd Ave**

City **OCALA**

**FL**

Zip Code **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

**Leonard P. Ott** *x Leonard P. Ott*

**01-11-02**

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 **DP** ☒ Delete  
 NAME **HUTSON, HARRY K**  
 STREET ADDRESS **12650 NW 117TH AVENUE**  
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Ott, Leonard P D**  
 STREET ADDRESS **P.O. Box 2480**  
 CITY-ST-ZIP **Chiefland, FL 32644**

TITLE **S** ☐ Delete  
 NAME **OSTEEN, BRYAN K**  
 STREET ADDRESS **5012 NO 153RD AVENUE**  
 CITY-ST-ZIP **WILLISTON FL 32696**

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

TITLE **I** ☐ Delete  
 NAME **ALLEN, LAUREE L**  
 STREET ADDRESS **PO BOX 747**  
 CITY-ST-ZIP **CHIEFLAND FL 32644**

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

TITLE **D1VP** ☐ Delete  
 NAME **OTT, LEONARD P**  
 STREET ADDRESS **PO BOX 2480**  
 CITY-ST-ZIP **CHIEFLAND FL 32644**

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

TITLE **C** ☐ Delete  
 NAME **TAYLOR, GARY R**  
 STREET ADDRESS **7951 SE 200TH AVENUE**  
 CITY-ST-ZIP **MORRISTON FL 32668**

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

TITLE ☐ Delete  
 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: *x Leonard P. Ott* REQUIRED**

**01-11-02**

**(352) 86-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)