

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

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

0015730

DOCUMENT # N02000007767

1. Entity Name

FRATERNAL ORDER OF POLICE, CITRUS LODGE 120, INC



Principal Place of Business

8416 N. PINNACLE DRIVE  
CITRUS SPRINGS FL 34434

Mailing Address

8416 N. PINNACLE DRIVE  
CITRUS SPRINGS FL 34434

2. Principal Place of Business

7601 N. FLORIDA AVE

3. Mailing Address

7601 N. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITRUS SPRINGS FL

City & State

CITRUS SPRINGS FL

Zip

34434

Country

USA

Zip

34434

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59 365 8957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RON A. RHOADES, P.A.  
2450 N. CITRUS HILLS BLVD.  
HERNANDO FL 34442

7. Name and Address of New Registered Agent

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. 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

8/8/03

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL S GIER 8416 N PINNACLE DR CITRUS SPRINGS FL 34434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DONALD MILLER 9100 S ZANMAR AVE FLORAL CITY FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDREW FARLEY 40 PO HERNANDO FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE LUTHER WILLIS c/o PO Box 422 LECANTO FL 34460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBBY BELL VICE PRESIDENT MOCK ORANGE DR BEVERLY HILLS FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDREW FARLEY c/o PO Box 422 LECANTO FL 34460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**CORRECTED ADDRESS**

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 8/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

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

Copy

5/5/2003-91425-028-\$70.00-\$70.00

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<b>DOCUMENT #</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N02000007767</span>			
<b>1. Entity Name</b> FRATERNAL ORDER OF POLICE, CITRUS LODGE 120, INC			
<b>Principal Place of Business</b> 8416 N. PINNACLE DRIVE CITRUS SPRINGS FL 34434		<b>Mailing Address</b> 8416 N. PINNACLE DRIVE CITRUS SPRINGS FL 34434	
<b>2. Principal Place of Business</b> 7601 N FLORIDA AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7601 N FLORIDA AVE Suite, Apt. #, etc.	
<b>City &amp; State</b> CITRUS SPRINGS FL Zip 34434 Country USA		<b>City &amp; State</b> CITRUS SPRINGS FL Zip 34434 Country USA	
<b>4. FEI Number</b> 59-3658937		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RON A. RHOADES, P.A. 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____	
<b>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.</b> SIGNATURE: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span> <i>Michael S. Ginn</i> 4/24/03 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P Michael Geier 8416 N. Pinnacle Citrus Springs FL 34434 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP T Donald Miller 9100 S Zanner Thibault City FL 34436 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ROBBY BELL Mock Orange Dr Beverly Hills 34465 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP LUTHER WILLIS o/o TRUSTEE PO BOX 422 LECANTO FL 34460 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>SIGNATURE:</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span> <i>Michael S. Ginn</i> 4/24/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E037 (10/02)