

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

FILED
May 20, 2003 8:00 am
Secretary of State

3

03-31-2003 90918 029 ****61.25

DOCUMENT # N02000008380

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATES LODGE 31A, INC.



Principal Place of Business
**2400 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

Mailing Address
**2400 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

33044600

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

05-0557835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, GEORGE H. ESQ.
1401 UNIVERSITY DRIVE
SUITE 600
CORAL SPRINGS FL 33071**

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

George H Tucker

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** NAME **P** ☐ Delete
NAME **WARREN, SAMUEL B JR.**
STREET ADDRESS **2400 EAST SUNRISE BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** NAME **V** ☐ Delete
NAME **ROSS, FRED**
STREET ADDRESS **2400 EAST SUNRISE BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** NAME **V** ☐ Delete
NAME **DANIELS, TERRY**
STREET ADDRESS **2400 EAST SUNRISE BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **T** NAME **S** ☐ Delete
NAME **WARREN, KIM**
STREET ADDRESS **2400 EAST SUNRISE BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **T** NAME **T** ☐ Delete
NAME **SCOTT VAN LEW**
STREET ADDRESS **2400 EAST SUNRISE BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03
Date

954-448-3853
Daytime Phone #

CR2E037 (10/02)