

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

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

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**

33046600



CHECK HERE IF MAKING CHANGES

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 <b>05-0557835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TUCKER, GEORGE H. ESQ. 1401 UNIVERSITY DRIVE SUITE 600 CORAL SPRINGS FL 33071</b>		Name <b>Tucker, George H. Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1401 University Drive</b> <b>Suite 301</b> City <b>Coral Springs</b> FL Zip Code <b>33071</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.

SIGNATURE **George H Tucker** (Signature, typed or printed name of registered agent and title if applicable.)  
 Signature: *[Handwritten Signature]* (NOTE: Registered Agent signature required when reinstating.)  
 DATE **3/28/03**

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<b>P</b> WARREN, SAMUEL B JR. 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>V</b> ROSS, FRED 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>V</b> DANIELS, TERRY 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<b>S</b> WARREN, KIM 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<b>T</b> SCOTT VAN LEW 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]* **1101** **3/28/03** **954-448-3853**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)