

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90014 036 \*\*\*\*61.25

**DOCUMENT # N15084**

1. Entity Name

**FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE AUXILIARY INC. NC.**

Principal Place of Business

Mailing Address

**6501 SEABOARD AVE  
 JACKSONVILLE FL 32244  
 US**

**6501 SEABOARD AVE  
 JACKSONVILLE FL 32244  
 US**

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

**59-3612110**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARA, WANDA S  
 6501 SEABOARD AVE  
 JACKSONVILLE FL 32244**

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.

SIGNATURE

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: PD  
 NAME: AUDREY, JEAN  Delete  
 STREET ADDRESS: 22414 NEW YORK AVE  
 CITY-ST-ZIP: PORT CHARLOTTE FL 33952

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

TITLE: TD  
 NAME: MEYNE, PATTI  Delete  
 STREET ADDRESS: HC RT. 2, BOX 164  
 CITY-ST-ZIP: SATSUMA FL 32189

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

TITLE: VD  
 NAME: WIGGINS, ALEIDA  Delete  
 STREET ADDRESS: PO BOX 181  
 CITY-ST-ZIP: LAKE BUTLER FL 32054

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

TITLE: SD  
 NAME: FARA, WANDA  Delete  
 STREET ADDRESS: 6501 SEABOARD AVE  
 CITY-ST-ZIP: JACKSONVILLE FL 32244

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

TITLE:  Delete  
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 STREET ADDRESS:  Delete  
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 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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: *Wanda S Fara, Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 904-779-7536

Date

Daytime Phone #

CR2E037 (9/01)