

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

0037449

**DOCUMENT # N21606**

1. Entity Name

**CORAL GABLES FRATERNAL ORDER OF POLICE LODGE #7**

01-22-2001 90133 010 \*\*\*\*70.00

Principal Place of Business  
**225 MALAGA AVENUE**  
**CORAL GABLES FL 33134**  
**US**

Mailing Address  
**P.O. BOX 141596**  
**CORAL GABLES FL 33114-1596**

**U0006091**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2158232**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**ROGERS, WALTER JR**  
**225 MALAGA AVE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEES 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, WALTER JR</b>	
STREET ADDRESS	<b>225 MALAGA AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DRINKUT, TERRY</b>	
STREET ADDRESS	<b>225 MALAGA AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, LEE</b>	
STREET ADDRESS	<b>225 MALAGA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BAUBLITZ, JOHN</b>	
STREET ADDRESS	<b>225 MALAGA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: Walter C. Rogers Jr.** *Walter C. Rogers Jr.*

01/05/01

(305) 446-6703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



*Attachment sheets*  

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*#N21606*  

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*D0006091*

**CORAL GABLES FRATERNAL ORDER OF POLICE LODGE #7**

Thursday, January 04, 2001

Division of Corporations  
Uniform Business Report Filings  
~~P.O. Box 1500~~  
Tallahassee, FL 32302-1500

*Ref:* Document #N21606

*Entity Name:* Coral Gables Fraternal Order of Police Lodge #7

Please accept this as a notice of request to change our place of business and our Officers and Directors address to:

265 Sevilla Avenue  
Coral Gables, FL 33134

Our phone and fax numbers will remain the same. Any further questions please contact us.

Zuly Yahia  
Office Manager