

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90080 037 \*\*\*\*70.00

**DOCUMENT # N21606**

1. Entity Name

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

Principal Place of Business

Mailing Address

**225 MALAGA AVENUE  
 CORAL GABLES FL 33134  
 US**

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

2. Principal Place of Business

3. Mailing Address

**265 SEVILLA AVE.**

**265 SEVILLA AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SECOND FLOOR**

**SECOND FLOOR**

City & State

City & State

**CORAL GABLES, FLORIDA**

**CORAL GABLES, FLORIDA**

Zip

Country

Zip

Country

**33134**

**MIAMI-DADE**

**33134**

**MIAMI-DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2158232**

Applied For

Not Applicable

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  
**ROGERS, WALTER JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**265 SEVILLA AVE.**

City  
**CORAL GABLES,**

**FL**

Zip Code  
**33134**

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**  Delete  
 NAME **ROGERS, WALTER JR**  
 STREET ADDRESS **225 MALAGA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD**  Change  Addition  
 NAME **ROGERS, WALTER JR.**  
 STREET ADDRESS **265 SEVILLA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **SD**  Delete  
 NAME **DRINKUT, TERRY**  
 STREET ADDRESS **225 MALAGA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD**  Change  Addition  
 NAME **DRINKUT, TERRY**  
 STREET ADDRESS **265 SEVILLA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **VD**  Delete  
 NAME **SCHWARTZ, LEE**  
 STREET ADDRESS **225 MALAGA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD**  Change  Addition  
 NAME **SCHWARTZ, LEE**  
 STREET ADDRESS **265 SEVILLA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **TD**  Delete  
 NAME **BAUBLITZ, JOHN**  
 STREET ADDRESS **225 MALAGA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TD**  Change  Addition  
 NAME **JOHN BAUBLITZ**  
 STREET ADDRESS **265 SEVILLA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(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:**

**WALTER JR. ROGERS, EJR**

02/12/02 (305) 446-6703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)