

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29595

1. Entity Name

FRATERNAL ORDER OF POLICE, ROBERT L. PITMAN MEMO

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90007 034 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 4267
CLEARWATER FL 33758
US

P.O. BOX 4267
CLEARWATER FL 33758-4267
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

23-7585972

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

NOESKE, PAUL
2418 MONDALE CT
HOLIDAY FL 34691

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 SD ☒ Delete
NAME DONAGAN, KENNETH
STREET ADDRESS 1165 FALCON DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE SD ☒ Change ☒ Addition
NAME JANET DONAGAN
STREET ADDRESS 3077 CASA DEL SOL CR. #101
CITY-ST-ZIP CLEARWATER, FL. 33761

TITLE D ☐ Delete
NAME NOESKE, PAUL
STREET ADDRESS 2418 MONDALE CT.
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE PD ☒ Delete
NAME SMITH, DUANE
STREET ADDRESS 2026 ORANGESIDE RD
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PD ☒ Change ☒ Addition
NAME JOSEPH RINALDI
STREET ADDRESS 8145 BADGER LANE
CITY-ST-ZIP NEW PORT RICHEY, FL. 34653

TITLE DT ☐ Delete
NAME WILSON, DOUG
STREET ADDRESS 3022 BIGELOW DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE DT ☒ Change ☐ Addition
NAME DOUGLAS WILSON
STREET ADDRESS 2992 SHANNON CIRCLE
CITY-ST-ZIP PALM HARBOR, FL. 34684

TITLE DV ☒ Delete
NAME RINALDI, JOSEPH
STREET ADDRESS 8145 BADGER LN
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE DV ☒ Change ☒ Addition
NAME RICHARD HARRIS
STREET ADDRESS 3048 EASTLAND BLVD. #C107
CITY-ST-ZIP CLEARWATER, FL. 34621

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: DOUGLAS WILSON 3/6/2000 562-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)