

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29595

1. Entity Name

FRATERNAL ORDER OF POLICE, ROBERT L. PITMAN MEMO

Principal Place of Business

P.O. BOX 4267
CLEARWATER FL 33758
US

Mailing Address

P.O. BOX 4267
CLEARWATER FL 33758
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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DONAGAN, JANET	
STREET ADDRESS	3077 CASA DEL SOL CR #101	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOESKE, PAUL	
STREET ADDRESS	2418 MONDALE CT.	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RINALDI, JOSEPH	
STREET ADDRESS	8145 BADGER LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILSON, DOUG	
STREET ADDRESS	2992 SHANNON CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RINALDI, JOSEPH	
STREET ADDRESS	8145 BADGER LN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARRIS, RICHARD	
STREET ADDRESS	3048 EASTLAND BLVD #C107	
CITY-ST-ZIP	CLEARWATER FL 34621	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK ADAMSON	
STREET ADDRESS	2209 PALMETTO STREET	
CITY-ST-ZIP	CLEARWATER, FL. 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH DONAGAN	
STREET ADDRESS	1165 FALCON DRIVE	
CITY-ST-ZIP	DUNEDIN, FL. 34698	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS WILSON	
STREET ADDRESS	10705 HILLTOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HARRIS	
STREET ADDRESS	1998 CASTILLE DR.	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	

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* SIGNATURE REQUIRED

1/12/01

727-863-4332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0063229

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

01-22-2001 90105 042 ****61.25



DO NOT WRITE IN THIS SPACE