

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N29595

FILED  
May 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF POLICE, ROBERT L. PITMAN MEMORIAL LODGE 4, INC.

**Current Principal Place of Business:**

P.O.BOX 4267  
CLEARWATER, FL 33758 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 4267  
CLEARWATER, FL 33758 US

**New Mailing Address:**

**FEI Number:** 23-7585972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOESKE, PAUL  
2418 MONDALE CT  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ADAMSON, PATRICK  
Address: 2209 PALMETTO ST  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: NOESKE, PAUL  
Address: 2418 MONDALE CT.  
City-St-Zip: HOLIDAY, FL 34691

Title: P ( ) Delete  
Name: DONAGAN, KENNETH  
Address: 1165 FALCON DR  
City-St-Zip: DUNEDIN, FL 34698

Title: T ( ) Delete  
Name: WILSON, DOUGLAS  
Address: 10725 HILLTOP DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DV ( ) Delete  
Name: RINALDI, JOSEPH  
Address: 8145 BADGER LN  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V ( ) Delete  
Name: HARRIS, RICHARD  
Address: 1998 CASTILLE DR  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WILSON, DOUGLAS  
Address: 10735 HILLTOP DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS WILSON

T

05/17/2002

Electronic Signature of Signing Officer or Director

Date