

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30816

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATES, POMPANO BE

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

04-10-2000 90032 006 ****70.00

Principal Place of Business

P.O. BOX 781
P. O. BOX 781
POMPANO BEACH FL 33061
US

Mailing Address

P.O. BOX 781
P. O. BOX 781
POMPANO BEACH FL 33061-0781
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0162351

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

PENGRA, JAMES O.
6200 NE 22 WAY #104
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

NORMAN MANDEL

Street Address (P.O. Box Number is Not Acceptable)

6282 WINFIELD BLVD

City

MARGATE

FL

Zip Code

33063

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

NORMAN MANDEL

Signature, typed or printed name of registered agent and title if applicable.

Norman Mandel

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	REILLY, KEVIN	
STREET ADDRESS	2622 NE 7TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MANDEL, NORMAN	
STREET ADDRESS	6282 WINFIELD BLVD.	
CITY-ST-ZIP	MARGATE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DOLLINS, IRENE	
STREET ADDRESS	861 S CYPRESS RD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HEPP, CARLA	
STREET ADDRESS	2385 SE 8TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEIS, ROBERT	
STREET ADDRESS	2400 NE 16TH ST #103	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN GEIS	
STREET ADDRESS	2400 NE 16TH ST. #103	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	

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:

Norman Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

(954) 971-3956

Daytime Phone #

CR2E037 (9/99)