

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90061 032 *****70.00

DOCUMENT # N30816

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATES, POMPANO BEACH LODGE #23, INC.

Principal Place of Business

Mailing Address

P.O. BOX 781
POMPANO BEACH FL 33061
US

P.O. BOX 781
POMPANO BEACH FL 33061
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

7. Name and Address of New Registered Agent

MANDEL, NORMAN
6282 WINFIELD BLVD
MARGATE FL 33063

Name BARBARA PETERS
Street Address (P.O. Box Number is Not Acceptable) 2217 CYPRESS ISL. DR. #205
City POMPANO BEACH FL Zip Code 33069

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MANDEL, NORMAN 6282 WINFIELD BLVD. MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLINS, IRENE 881 S. CYPRESS RD POMPANO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEPP, CARLA 2385 SE 8TH ST POMPANO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEIS, ROBERT 2400 NE 16TH ST #103 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAITKUS, EILEEN 1199 HILLSBORO MILE HILLSBORO BCH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA PETERS 2217 CYPRESS ISL. DR. #205 POMPANO BEACH, FL. 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB GEIS 2400 N.E. 16th ST. #103 POMPANO BEACH, FL. 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAYE KERSHAW 729 N.E. 4TH ST POMPANO BEACH, FL. 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX BRAVEY 2200 N.E. 37th ST LIGHTHOUSE POINT, FL. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature of Barbara Peters, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02 954-978-0675
Date Daytime Phone #

CR2E037 (9/01)