

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38002

1. Entity Name

FORT LAUDERDALE POLICE MEMORIAL FUND, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90178 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1300 W. BROWARD BLVD.  
FORT LAUDERDALE FL 33312  
US

1300 W. BROWARD BLVD.  
FORT LAUDERDALE FL 33312-1643  
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

65-0175964

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

ROBERTS, ALAN  
1300 W BROWARD BLVD  
FT. LAUDERDALE FL 33312

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 DP ☐ Delete

NAME PEREZ, RICHARD  
STREET ADDRESS 1300 W BROWARD BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DVP ☐ Delete

NAME CENTAMORE, RON  
STREET ADDRESS 1300 W BROWARD BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DT ☐ Delete

NAME MILLER, FRANK  
STREET ADDRESS 1300 W. BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DS ☐ Delete

NAME SEIBERT, DORRIS  
STREET ADDRESS 1300 W BROWARD BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Delete

NAME CAMENN, PHILIP  
STREET ADDRESS 1300 W BROWARD BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Frank Miller* Frank Miller - DT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 954-761-5487  
Date Daytime Phone #

CR2E037 (9/99)