FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State **DOCUMENT # N38002** 1. Entity Name 09-17-2001 90134 039 ****61.25 FORT LAUDERDALE POLICE MEMORIAL FUND, INC. Principal Place of Business Mailing Address 1300 W. BROWARD BLVD. 1300 W. BROWARD BLVD. D0063862 FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0175964 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name is Not Acceptable) ROBERTS, ALAN 1300 W BROWARD BLVD FT. LAUDERDALE FL 33312 City 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** (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition PEREZ. RICHARD NAME NAME 1300 W BROWARD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP FT LAUDERDALE FL TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition CENTAMORE, RON NAME NAME STREET ADDRESS 1300 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL DT TITLE ☐ Delete TITLE ☐ Change Addition NAME MILLER, FRANK NAME 1300 W. BROWARD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete ☐ Addition TITLE ☐ Change SEIBERT, DORRIS NAME NAME STREET ADDRESS 1300 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CAMENN, PHILIP NAME STREET ADDRESS 1300 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Dicotor / Treasure