

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 138153

**1. Entity Name**  
FEDERAL ORDER OF POLICE,  
LODGE #62, INC.



**FILED**  
**03 JUL 25 AM 9:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**800022370578**  
**08/18/03--01014--022 \*\*503.75**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
9500 PINES BOULEVARD  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 82114  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Pembroke Pines, Florida

**City & State**  
Pembroke Pines, Florida

**Zip**  
33024

**Country**  
USA

**Zip**  
33082

**Country**  
USA

**4. FEI Number**  
59-2393496

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
KLAUSNER Robert D.

**Street Address (P.O. Box Number is Not Acceptable)**  
7005 9th Ave N - 1 Ct

**City**  
PLANTATION

**State**  
FL

**Zip Code**  
33324

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Robert D. Klausner [Signature] 5/3/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<u>PD</u>	<u>KEVIN BUCHHOLZ</u>	<u>@ 9500 PINES BLVD</u>	<u>Pm Pines, FL 33024</u>
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<u>PD</u>	<u>LOUIS SORANGELO</u>	<u>@ 9500 PINES BLVD</u>	<u>Pm Pines, FL 33024</u>
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<u>PD</u>	<u>GREG CORTESE</u>	<u>@ 9500 PINES BLVD</u>	<u>Pm Pines, FL 33024</u>
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<u>SD</u>	<u>JACQUE DAVIS</u>	<u>@ 9500 PINES BLVD</u>	<u>Pm Pines, FL 33024</u>
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Kevin R. Buchholz KEVIN R. BUCHHOLZ 04-28-03 954629-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1024

CR20378 (12/02)