

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40651

1. Entity Name

FORT LAUDERDALE POLICE OFFICER'S ASSOCIATION, IN

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90051 024 ****70.00

Principal Place of Business

4500 S.W. 13TH STREET
FT. LAUDERDALE FL 33317-6801
US

Mailing Address

P. O. BOX 14066
FT. LAUDERDALE FL 33302-4066
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

59-6004309

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, MICHAEL
11700 N.W. 27 STREET
PLANTATION FL 33323

7. Name and Address of New Registered Agent

Name

Douglas, Cliff

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

1300 W. Broward Blvd

City

Ft. Lauderdale

FL

Zip Code

33312

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'CONNOR, MICHAEL	
STREET ADDRESS	11700 N.W. 27 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRAGO, CHARLES W.	
STREET ADDRESS	10271 N.W. 16 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOUGLAS, CLIFF	
STREET ADDRESS	480 S.W. 56 AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas, Cliff	
STREET ADDRESS	1300 W. Broward Blvd	
CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roddy, Michael	
STREET ADDRESS	1300 W. Broward Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Richard	
STREET ADDRESS	1300 W. Broward Blvd	
CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swanson, Wayne	
STREET ADDRESS	1300 W. Broward Blvd	
CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-9-00

954-761-5455

Date

Daytime Phone #

CR2E037 (9/99)