

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41936

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATES LODGE NO. 1

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90034 023 ****61.25

Principal Place of Business

Mailing Address

61 MATADOR LANE
DAVIE FL 33334
US

61 MATADOR LANE
DAVIE FL 33324-5539
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

65-0166990

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

OLFERN, LILY A
61 MATADOR LANE
DAVIE FL 33324

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 SAME

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-2000

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 D ☐ Delete
NAME WALDFOGEL, SIDNEY
STREET ADDRESS 7401 ORANGE DR.
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☒ Addition
NAME DONALD B. NELSON
STREET ADDRESS 11757 S.W. 57 ST.
CITY-ST-ZIP COOPER CITY, FL. 33330

TITLE PD ☐ Delete
NAME OLFERN, LILY A
STREET ADDRESS 61 MATADOR LANE
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☒ Addition
NAME PATRICIA HUGHES
STREET ADDRESS 4051 SW 102 AVE.
CITY-ST-ZIP DAVIE, FL.

TITLE SD ☐ Delete
NAME VON HALLE, ALICE
STREET ADDRESS 11871 SW 12TH PL
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☒ Addition
NAME MICHELLE LIND
STREET ADDRESS P.O. Box 290754
CITY-ST-ZIP DAVIE, FL.

TITLE T ☒ Delete
NAME KAPLAN, EDWARD
STREET ADDRESS 551 AUBURN WAY
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☒ Addition
NAME DALE MAFFET
STREET ADDRESS 4158 S.W. 66 WAY
CITY-ST-ZIP DAVIE, FL.

TITLE VP ☐ Delete
NAME GARCIA, CHUCK
STREET ADDRESS 8450 SUNRISE LAKES BLVD, #112
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)