

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41936

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATES LODGE NO. 1

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90190 013 ****61.25

Principal Place of Business

61 MATADOR LANE
DAVIE FL 33334
US

Mailing Address

61 MATADOR LANE
DAVIE FL 33324
US

014001

2. Principal Place of Business

8550 N.W. 17 ST

3. Mailing Address

8550 N.W. 17 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0166990

Applied For

Not Applicable

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLFERN, LILY A
61 MATADOR LANE
DAVIE FL 33324

7. Name and Address of New Registered Agent

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

1-22-01

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

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

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

TITLE T ☐ Delete
NAME NELSON, RONALD B
STREET ADDRESS 11757 SW 57 ST
CITY-ST-ZIP COOPER CITY FL 33330

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 VP
STREET ADDRESS DALE MAFFET
CITY-ST-ZIP 4158 S.W. 66 WAY
DAVIE, FL

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
RONALD B. NELSON 1-22-01 434-6094

Date

Daytime Phone #

CR2E037 (10/00)