

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90006 005 \*\*\*\*61.25

**DOCUMENT # N41936**

1. Entity Name

**FRATERNAL ORDER OF POLICE ASSOCIATES LODGE NO. 1  
 OO, INC.**

Principal Place of Business

Mailing Address

**8550 NW 17TH ST  
 FORT LAUDERDALE FL 33322  
 US**

**8550 NW 17TH ST  
 FORT LAUDERDALE FL 33322  
 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 **OLFERN, LILY A**

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

**8550 N.W. 17TH ST.**

City **FT. LAUDERDALE**

FL

Zip Code **33322**

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

**2-1-02**

**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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **SD LOUIS SAZLAUER**  
 STREET ADDRESS **2100 S. OCEAN DR. 1-K**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33316**

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

TITLE ☐ Change ☒ Addition  
 NAME **T CONRAD S. KULATZ**  
 STREET ADDRESS **633 S.E. 3 AVE, SUITE 4R**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33301**

TITLE **VP** ☐ Delete  
 NAME **MAFFET, DALE**  
 STREET ADDRESS **4158 SW 66 WAY**  
 CITY-ST-ZIP **DAVIE FL**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-02**

Date

**954-434-6094**

Daytime Phone #

CR2E037 (9/01)