

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46260

1. Entity Name

FORT LAUDERDALE BLACK POLICE OFFICERS ASSOCIATION, INC.

Principal Place of Business

3912 NW 36TH TERRACE
FORT LAUDERDALE FL 33309

Mailing Address

P O BOX 65
FT LAUDERDALE FL 33302
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

65-0294943

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

WILLIAMS, ANTHONY
3912 NW 36TH TERRACE
FORT LAUDERDALE FL 33309

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, ANTHONY 3912 NW 36TH TERRACE LAUDERDALE LAKES FL 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARMON, EDWARD 1418 NW 11TH COURT FORT LAUDERDALE FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JUSTICE, NINA R 530 NW 33RD TERRACE FORT LAUDERDALE FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCGOWAN, RODRICK 3840 NE 4TH TERRACE POMPANO BEACH FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Rodrick McGowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/02 (954) 828-5700

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90079 045 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0074139