

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000167

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATES OF FLORIDA,

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90007 034 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 708 BOYNTON BEACH FL 33425-0708 US	P.O. BOX 708 BOYNTON BEACH FL 33425-0708 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0411575	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POWELL, LLOYD
1112 N. FEDERAL HWY
BOYNTON BCH FL 33435

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 _____ (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	POWELL, LLOYD
STREET ADDRESS	P.O. BOX 700 N/A
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD <input type="checkbox"/> Delete
NAME	ROSS, VINCENT C
STREET ADDRESS	204 BRAZILLAN AVENUE 218
CITY-ST-ZIP	PALM BEACH FL
TITLE	STD. <input type="checkbox"/> Delete
NAME	POWELL, KURT G
STREET ADDRESS	P.O. BOX 708 N/A
CITY-ST-ZIP	BOYNTON BEACH FL 33425-0708
TITLE	D <input type="checkbox"/> Delete
NAME	PENGRA, JAMES
STREET ADDRESS	6200 NE 22ND WAY 104
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	BAPTISTE, JACK
STREET ADDRESS	2705 NORRIS AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" 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)(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: S. Powell REQUIRED POWELL

Date Daytime Phone #

CR2E037 (9/99)