

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000709

1. Entity Name

FRATERNAL ORDER OF POLICE COOPER CITY LODGE 117,

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

06-09-2000 90220 019 ****61.25

Principal Place of Business 11610 STONEBRIDGE PARKWAY COOPER CITY FL 33026	Mailing Address 11610 STONEBRIDGE PARKWAY COOPER CITY FL 33026-1114
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2. Principal Place of Business 10580 Stirling Rd. Suite, Apt. #, etc.	3. Mailing Address 10580 Stirling Rd. Suite, Apt. #, etc.
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City & State Cooper City, FL	City & State Cooper City, FL	4. FEI Number 65-0408985	Applied For <input type="checkbox"/> Not Applicable
Zip 33026	Country	Zip 33026	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KLAUSNER, ROBERT D 6565 TAFT ST. HOLLYWOOD FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSCHMAN, MATT 11610 STONEBRIDGE PKWY COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ, RALPH 11610 STONEBRIDGE PARKWAY COOPER CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WINTERS, TOM 11610 STONEBRIDGE PARKWAY COOPER CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEAR, JAY 11610 STONEBRIDGE PARKWAY COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CATES, ROBERT 11610 STONEBRIDGE PARKWAY COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, JERRY 11610 STONEBRIDGE PARKWAY COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED JAY GREEAR 4/30/00 (954)432-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)