

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000709

1. Entity Name

FRATERNAL ORDER OF POLICE COOPER CITY LODGE 117,

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90096 015 ****61.25

Principal Place of Business

10580 STIRLING RD
COOPER CITY FL 33026

Mailing Address

10580 STIRLING RD
COOPER CITY FL 33026

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

65-0408985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

TITLE DP ☐ Delete
NAME BUSCHMAN, MATT
STREET ADDRESS 11610 STONEBRIDGE PKWY
CITY-ST-ZIP COOPER CITY FL 33026

TITLE DV ☒ Delete
NAME LOPEZ, RALPH
STREET ADDRESS 11610 STONEBRIDGE PARKWAY
CITY-ST-ZIP COOPER CITY FL

TITLE DS ☒ Delete
NAME WINTERS, TOM
STREET ADDRESS 11610 STONEBRIDGE PARKWAY
CITY-ST-ZIP COOPER CITY FL

TITLE DT ☐ Delete
NAME GREER, JAY
STREET ADDRESS 11610 STONEBRIDGE PARKWAY
CITY-ST-ZIP COOPER CITY FL 33026

TITLE DV ☐ Delete
NAME CATES, ROBERT
STREET ADDRESS 11610 STONEBRIDGE PARKWAY
CITY-ST-ZIP COOPER CITY FL 33026

TITLE DS ☐ Delete
NAME BROWN, JERRY
STREET ADDRESS 11610 STONEBRIDGE PARKWAY
CITY-ST-ZIP COOPER CITY FL 33026

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

(954) 435-2000

Date

Daytime Phone #

CR2E037 (10/00)