

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am,
Secretary of State

05-15-2001 90077 049 ****61.25

DOCUMENT # N94000005137

1. Entity Name

FRATERNAL ORDER OF POLICE FLORIDA LABOR COUNCIL,

Principal Place of Business

Mailing Address

5811 MEMORIAL HWY.
 SUITE 205
 TAMPA FL 33615
 US

5811 MEMORIAL HWY.
 SUITE 205
 TAMPA FL 33615
 US

2. Principal Place of Business

5811 Memorial Hwy

3. Mailing Address

5811 Memorial Hwy

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Tampa FL

City & State

Tampa FL

Zip

33615

Country

US

Zip

33615

Country

US

4. FEI Number

59-3275358

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

Name

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

City

FL

Zip Code

**DANTSCHISCH, WILLIAM J.
 6529 SEAFARER DR
 TAMPA FL 33615**

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	C MORRIL, MICHAEL 14 CHAPEL CIR TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTSCHISCH, WILLIAM 6529 SEAFARER DR TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, BOB 201 OREGON LN BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM MOSLEY 5100 PINETREE DR FT. PIERCE FL 34982-7450	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYTH, DAVID 2205 WOODMERE RD VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS MANGIFESTA 11421 NW 31ST STREET SUNRISE FL 33323-1403	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYNE, WILLIAM 12213 NW 25th COURT CORAL SPRINGS, FL. 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRE, PETER 2255 BELMAR DR. Belleair Bluffs, FL. 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, Richard 1998 CASTILLE DR. Palm Harbor, FL. 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, Phillip 1621 Willow OAK DR. Edgewater, FL. 32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)