

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005101

1. Entity Name

FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90129 017 \*\*\*\*61.25

Principal Place of Business 3175 SOUTH CONGRESS AVE. STE 305 PALM SPRINGS FL 33461 US	Mailing Address 3175 SOUTH CONGRESS AVE. STE 305 PALM SPRINGS FL 33461-2562 US
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2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 203</b> City & State	3. Mailing Address Suite, Apt. #, etc. <b>SUITE 203</b> City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>31-1538605</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent  SESSA, STEVEN C 2315 S CONGRESS AVE SUITE 100 W PALM BEACH FL 33406	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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	<b>D</b> <b>FAFEITA, PAUL R</b> <b>6345 7TH LN.</b> <b>VERO BEACH FL 32968</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BURROUGHS, EDGAR E.</b> <b>421 DAVIS ROAD</b> <b>PALM SPRINGS, FL 33461</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURROUGHS, EDGAR E</b> <b>421 DAVIS RD</b> <b>PALM SPRINGS FL 33461</b> <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	<b>D</b> <b>MANAK, EDWARD M</b> <b>2499 NASSAU RD.</b> <b>W. PALM BEACH FL 33406</b> <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	<b>D</b> <b>BOOTH, ROBERT</b> <b>316 SHADY LN.</b> <b>PALM SPRINGS FL 33461</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOX, MICHAEL A.</b> <b>13660 54 LANE, N</b> <b>ROYAL PALM BEACH, FL 33411</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOSLEY, JAMES</b> <b>5100 PINE TREE DR.</b> <b>FT. PIERCE FL 34982</b> <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	<b>D</b> <b>MARCHMAN, HENRY</b> <b>691 SNEAD CIR.</b> <b>WEST PALM BEACH FL 33413</b> <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: Edmund J. Marchman JAN 20, 2000 561-964-8489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)