

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91326 037 ****61.25

DOCUMENT # N96000005101

1. Entity Name

FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL

Principal Place of Business

3175 SOUTH CONGRESS AVE.
STE 203
PALM SPRINGS FL 33461
US

Mailing Address

3175 SOUTH CONGRESS AVE.
STE 203
PALM SPRINGS FL 33461
US

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

31-1538605

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

SESSA, STEVEN C
2315 S CONGRESS AVE
SUITE 100
W PALM BEACH FL 33406

Name

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

319 8TH STREET

City

WEST PALM BEACH,

FL

Zip Code

33401-3309

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 **D** ☐ Delete
NAME **BURROUGHS, EDGAR E**
STREET ADDRESS **421 DAVIS RD**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MANAK, EDWARD M**
STREET ADDRESS **2499 NASSAU RD.**
CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FOX, MICHAEL A**
STREET ADDRESS **13660 -54TH LN N**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **SD** ☒ Change ☒ Addition
NAME **SHEPARD, LAWRENCE H.**
STREET ADDRESS **271 OREGON LANE**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **D** ☐ Delete
NAME **MOSLEY, JAMES**
STREET ADDRESS **5100 PINE TREE DR.**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARCHMAN, HENRY**
STREET ADDRESS **691 SNEAD CIR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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: **Edward J. Manak** **EDWARD J. MANAK** **FEB 25, 2001** **561-964-8489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)