

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90023 034 \*\*\*\*61.25

**DOCUMENT # N96000005101**

1. Entity Name

**FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL FUND, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 103A**

Suite, Apt. #, etc.

**SUITE 103A**

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**  
**319 8TH STREET**  
**WEST PALM BEACH FL 33401-3309**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **SHEPARD, LAWRENCE H**  
 CITY-ST-ZIP **271 OREGON LANE**  
**BOCA RATON FL 33487**

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

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

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

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

TITLE ☐ 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:

*Edw. Marchman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 1, 2002 561-964-8489**

Date

Daytime Phone #

CR2E037 (9/01)