

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90050 042 ****70.00

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DO NOT WRITE IN THIS SPACE

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1. Entity Name

FRATERNAL ORDER OF POLICE, ROCKLEDGE LODGE #106, INC.

Principal Place of Business

Mailing Address

**563 BARTON BOULEVARD #20
ROCKLEDGE FL 32955**

**POST OFFICE BOX 561181
ROCKLEDGE FL 32955**

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

59-3201892

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

**FAIRBANKS, DENNIS F
301 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TD	BRADY, JONATHAN B	123 BARTON BV ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete			
	SD	KLAYMAN, GREGORY	123 BARTON BV ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
	VPD	GOMEZ, IVETTE	123 BARTON BV ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
	VPD	GALLUZZI, NICHOLAS	123 BARTON BLVD ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: X REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)