

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001388

1. Entity Name

COCOA FRATERNAL ORDER OF POLICE LODGE NO. 112, I

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90068 001 ****61.25
03-26-2001 90068 002 *****8.75

Principal Place of Business

1212 DIXON BLVD.
COCOA FL 32922

Mailing Address

P.O. BOX 3124
COCOA FL 32922

2. Principal Place of Business

1212 Dixon Bl

Suite, Apt. #, etc.

A

3. Mailing Address

PO BOX 3124

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32922

Country

USA

City & State

Cocoa FL

Zip

32922

Country

USA

4. FEI Number

59-3196128

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, JOHN
1212 DIXON BLVD.
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

Craig Washburn

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

1212-A DIXON BL

Cocoa FL 32922

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]

Craig Washburn

15 Feb 01

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

TITLE PD
NAME CASEY, JOHN ☒ Delete
STREET ADDRESS 1212 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE VP
NAME WASHBURN, CRAIG ☒ Delete
STREET ADDRESS 1212 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE SD
NAME CURLES, DEBI ☒ Delete
STREET ADDRESS 1212 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE TD
NAME MCCLANNHAN, KRISTYN ☐ Delete
STREET ADDRESS 1212 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Craig Washburn
STREET ADDRESS 1212-A Dixon Bl
CITY-ST-ZIP Cocoa FL 32922

TITLE VP ☒ Change ☐ Addition
NAME Nicholas Green
STREET ADDRESS 1212-A Dixon Bl
CITY-ST-ZIP Cocoa FL 32922

TITLE SD ☒ Change ☐ Addition
NAME Conrad Zanka
STREET ADDRESS 1212-A Dixon Bl
CITY-ST-ZIP Cocoa FL 32922

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

TITLE ☐ Change ☐ Addition
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: *[Signature]* KRISTYN McClannahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 15 Feb 01
Daytime Phone 321/456-7046

CR2E037 (10/00)