

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001797

1. Entity Name

FRATERNAL ORDER OF POLICE THREE RIVERS LODGE #15

Principal Place of Business

POST OFFICE BOX 340
SNEADS FL 32460

Mailing Address

POST OFFICE BOX 340
SNEADS FL 32460

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARRISON, STUART J
116 MIDDLE RUN RD
SNEADS FL 32460

4. FEI Number

59-3396276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32324

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

Shawn Wood

3/2/01

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	T	<input type="checkbox"/> Delete
NAME	HARRISON, STUART J	
STREET ADDRESS	116 MIDDLE RUN RD	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, JERRY L	
STREET ADDRESS	2004 GREEN AVE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLOUNT, SHELIA M	
STREET ADDRESS	509 BELL ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRANTHAM, BILLY	
STREET ADDRESS	7343 GILLEY RD	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn Wood	
STREET ADDRESS	32 Jefferson St.	
CITY-ST-ZIP	Chattahoochee, FL 32324	
TITLE	V. Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy Grantham	
STREET ADDRESS	7343 Gilley Rd	
CITY-ST-ZIP	Sneads, FL 32460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Harrison	
STREET ADDRESS	P.O. Box 85	
CITY-ST-ZIP	Sneads, FL 32460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shawn Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01 850-663-4383

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90334 050 ****61.25



DO NOT WRITE IN THIS SPACE