

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # N97000005246

1. Entity Name

FRATERNAL ORDER OF POLICE, INDIAN RIVER SHORES L

Principal Place of Business

Mailing Address

6001 N. A1A
INDIAN RIVER SHORES FL 32963

6001 N. A1A
P O BOX 8055
INDIAN RIVER SHORES FL 32963-8055

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

59-1882680

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

GOLDBERG, HOWARD L
6001 N A1A
INDIAN RIVER SHORES FL 32963

Name
William B. Crosby

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

6001 N. A1A

City Indian River Shores FL Zip Code 32963

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

William B Crosby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, HOWARD L 6001 N A1A INDIAN RIVER SHORES FL 32963	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROSBY, WILLIAM 6001 N. A1A INDIAN RIVER SHORES FL 32963	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOYT, SHAWN 6001 N. A1A INDIAN RIVER SHORES FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALLAS, EDWARD 6001 N. A1A INDIAN RIVER SHORES FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William B. Crosby 6001 N A1A Indian River Shores, FL 32963	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Louis G. Puchala 6001 N A 1 A Indian River Shores FL 32963	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

William B Crosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

(561)231-2451

Daytime Phone #

CR2E037 (9/99)