## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 03, 2001 8:00 am DOCUMENT # N9700005246 **Secretary of State** 1. Entity Name FRATERNAL ORDER OF POLICE, INDIAN RIVER SHORES L 02-03-2001 90041 005 \*\*\*\*70.00 Principal Place of Business Mailing Address 6001 N. A1A 6001 N. A1A INDIAN RIVER SHORES FL 32963 P O BOX 8055 INDIAN RIVER SHORES FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1882680 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brian Volan Street Address (P.O. Box Number is Not Acceptable) CROSBY, WILLIAM B 6001 N A1A INDIAN RIVER SHORES FL 32963 City River Shores 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE Delete TITLE FALChange ☐ Addition mooneyAIA HOYT, SHAWN NAME NAME STREET ADDRESS 6001 N. A1A STREET ADDRESS 6001 N CITY-ST-ZIP INDIAN RIVER SHORES FL 32963 CITY-ST-ZIP Rivershores TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BALLAS, EDWARD NAME STREET ADDRESS 6001 N. A1A STREET ADDRESS CITY-ST-ZIP INDIAN RIVER SHORES FL 32963 CITY-ST-ZIP TITLE P-D Delete TITLE **Change** ☐ Addition CROSBY, WILLIAM B Noian, Brian J. NAME NAME STREET ADDRESS 6001 N A1A STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Indian River Shores √Z Change TITLE Delete TITLE ☐ Addition NAME PUCHALA, LOUIS G NAME Richter Joseph STREET ADDRESS 6001 A1A STREET ADDRESS 6001 N AIA CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP 32943 Frdian River Shores. TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

BIAN J. NOLAN SIGNATURE:

address, with all other like empowered

changed, or on an attache

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 of 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

FILED