

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90201 001 \*\*\*\*61.25

**DOCUMENT # N97000005682**

1. Entity Name

**FRATERNAL ORDER OF POLICE, UNITED STATES MARSHAL**

Principal Place of Business

Mailing Address

1080 NW 100 WAY  
 PLANTATION FL 33322  
 US

1080 NW 100 WAY  
 PLANTATION FL 33322-6553  
 US

**601550**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0818041**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KLAUSNER, ROBERT D  
 6565 TAFT ST., STE. 200  
 HOLLYWOOD FL 33024

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	SCOTT, PATRICIA M	1080 NW 100 WAY	PLANTATION FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DV	RICH, AL	300 N. MIAMI AVE., STE. 116	MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DT	HOOLAHAN, TOM	441 W PALMA AIRE DR	POMPANO BCH FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DT	MARTIN ARONOW	300 N. MIAMI AVE STE 116	MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Patricia A. Scott* **PATRICIA A. SCOTT** 1-10-2000 954-423-4323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)