

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005820

1. Entity Name

FRATERNAL ORDER OF POLICE LODGE NUMBER 154 FLORI

Principal Place of Business

7300 NW 69 AVE
MIAMI FL 33166

Mailing Address

PO BOX 660630
MIAMI SPRINGS FL 33266-0630

2. Principal Place of Business

3. Mailing Address

P.O. Box 277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Smyrna Bch, Florida

Zip

Country

Zip

Country

32170

Volusia

4. FEI Number

65-0729580

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTE'-JARVIS, SHERRY ESQ
602 INDIAN RIVER BLVD.
SUITE 201
EDGEWATER FL 32141

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 PD ☐ Delete
NAME REGISTER, RAY A
STREET ADDRESS 7503 PALOMAR STREET
CITY-ST-ZIP FT PIERCE FL

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

TITLE VD ☐ Delete
NAME PIERCE, GARY
STREET ADDRESS 15703 WOODGATE PLACE
CITY-ST-ZIP SUNRISE FL

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

TITLE STD ☐ Delete
NAME YOUNG, G.H.
STREET ADDRESS 110 PALM BREEZE DRIVE
CITY-ST-ZIP EDGEWATER FL

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

TITLE D ☒ Delete
NAME WEINSTEIN, MARK
STREET ADDRESS 15755 WOODGATE PLACE
CITY-ST-ZIP SUNRISE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Trustee ☐ Change ☒ Addition
NAME Nelson J. Berrios
STREET ADDRESS 934 Paseo Palmero
CITY-ST-ZIP West Palm Bch, FL 33405

TITLE ☐ Delete
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: *Young* SIGNATURE REQUIRED: Young, Secretary 2/11/00 (800)342-2475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)