

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90012 029 ****61.25

LU074471

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000005820

1. Entity Name

FRATERNAL ORDER OF POLICE LODGE NUMBER 154

Florida Railroad Police, Inc.

Principal Place of Business

Mailing Address

7300 NW 69 Ave
 Miami, FL 33166

110 Palm Breeze Drive
 New Smyrna, FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110 Palm Breeze Dr

City & State

City & State

New Smyrna, FL

4. FEI Number

65-0729580

Applied For

Not Applicable

Zip

Country

Zip

Country

32168

USA

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

Sherry Cote-Jarvis, Esq.
927 S. Ridgewood Ave, Ste A-6
Edgewater, FL 32132

Name

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

927 S. Ridgewood Ave, Ste A-6

City

FL

Zip Code

Edgewater,

32132

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **Register, Ray A**
 CITY-ST-ZIP **7503 Palomar St**
Ft Pierce, FL

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **Pierce, Gary**
 CITY-ST-ZIP **15703 Woodgate Place**
Surprise, FL

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **Young, G.H.**
 CITY-ST-ZIP **110 Palm Breeze Dr**
New Smyrna Bch, FL

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

TITLE ☐ Delete
 NAME **Trustee**
 STREET ADDRESS **Berrios, Nelson J.**
 CITY-ST-ZIP **934 Paseo Palmero**
West Palm Bch, FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01

Date

Daytime Phone #

CR2E037 (1/1/00)