## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900004604

1. Entity Name

FRATERNAL ORDER OF POLICE, WILLIAM F. BRANTLEY H OMESTEAD LODGE 13, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90183 038 \*\*\*\*61.25

10680 NW 25 ST. 10680			ng Address NW 25 ST. I FL 33172		1 14411241	216 (2116 1811) 881) 83111 88191 8311	<b></b>		
2. Principal P	ace of Business	<b>3.</b> Ma	ailing Address						
Suite, Apt. #, etc.			uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		Č	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip	Cour	try Z	ïp	Country	5. Certificate	of Status Desired	\$8.75 Add	litional	
	6. Name and Add	ress of Current Register	red Agent		7. Name and	Address of New Registere	d Agent		
	وجيني والماد وودادات	ress of Current Register		m ₃≒ ⊞Name ∈		manus menganga esta			
RIVERA, JOHN 10680 NW 25 ST.				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33172			City	········	<u> </u>	Zip Code	e	
	named entity submits ions of registered agei		pose of changing its	registered office or	registered agent, or bot	h, in the State of Florida. I a		and accept	
SIGNATURE .	Signature, typed or printed na	me of registered agent and title if a	(NOTI	E: Registered Agent signatu	re required when reinstating)	DATI		<del></del>	
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor  10. OFFICERS AND DIRECTORS					\$5.00 May E Added to Fees	/v		State	
	PD	HOLITO AND DINEOTON	☐ Delete	TITLE	7,557,161,6761		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIVERA, JOHN 10680 NW 25 STF MIAMI FL 33172	REET	E Delete	NAME STREET ADDRESS CITY-ST-ZIP			crimigo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOLODGY, RICHA 10680 NW 25 STF MIAMI FL 33172		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, PETER 10680 NW 25 STF MIAMI FL 33172		Delete .	NAME STREET ADDRESS CITY-ST-ZIP	The second secon	and the second of the second o	□ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition	

12. I hereby certify that the information sepplied 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 supply heretal 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:

SIGNATURN DEQUIPERE NEWMAN

1/2/103 305-5

305-593-0044