

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006073

FILED  
Feb 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE ROYAL PALM BEACH FRATERNAL ORDER OF POLICE LODGE NO. 52, INC.

**Current Principal Place of Business:**

130 CYPRESS CRESCENT  
ROYAL PALM BCH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

130 CYPRESS CRESCENT  
ROYAL PALM BCH, FL 33411

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBKIN, ROBERT  
130 CYPRESS CRESCENT  
ROYAL PALM BCH, FL 33411      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: ROBKIN, ROBERT  
Address: 130 CYPRESS CRESCENT  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: VD                      ( ) Delete  
Name: MURPHY, T.E.  
Address: 11498 OKEECHOBEE BLVD.  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: RS                      ( ) Delete  
Name: SCHECTOR, LORRIE  
Address: 11498 OKEECHOBEE BLVD.  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: TD                      ( ) Delete  
Name: CARINO, GABE  
Address: 11498 OKEECHOBEE BLVD.  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: D                      ( ) Delete  
Name: FARRON, CHRIS  
Address: 11498 OKEECHOBEE BLVD.  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: D                      ( ) Delete  
Name: LLEWELLYN, CRAIG  
Address: 11498 OKEECHOBEE BLVD.  
City-St-Zip: ROYAL PALM BCH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ROBKIN

PD

02/11/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date