

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90138 037 \*\*\*\*61.25

**DOCUMENT # N99000006073**

1. Entity Name

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



Principal Place of Business

**130 CYPRESS CRESCENT  
ROYAL PALM BCH FL 33411**

Mailing Address

**130 CYPRESS CRESCENT  
ROYAL PALM BCH FL 33411**

**90013912**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBKIN, ROBERT	
STREET ADDRESS	130 CYPRESS CRESCENT	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, T.E.	
STREET ADDRESS	11498 OKEECHOBEE BLVD.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	SCHECTOR, LORRIE	
STREET ADDRESS	11498 OKEECHOBEE BLVD.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARINO, GABE	
STREET ADDRESS	11498 OKEECHOBEE BLVD.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRON, CHRIS	
STREET ADDRESS	11498 OKEECHOBEE BLVD.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLEWELLYN, CRAIG	
STREET ADDRESS	11498 OKEECHOBEE BLVD.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURT KLOEPFING	
STREET ADDRESS	11498 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS FARRON	
STREET ADDRESS	11498 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**1-27-03 561-753-1134**

CR2E037 (10/02)