

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734093

1. Entity Name

CORAL GABLES POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

7350 CORAL WAY
MIAMI FL 33155

Mailing Address

7350 CORAL WAY
MIAMI FL 33155-1445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1649174

Applied For

Not Applicable

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

NAUE, RICHARD
2801 SALZEDO STREET
CORAL GABLES FL 33314

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
NAME NAUE, RICHARD
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33314 ☐ Delete

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

TITLE VPD
NAME HUDAK, EDWARD J
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33314 ☐ Delete

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

TITLE S
NAME HARRIS, WAYNE D
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33314 ☐ Delete

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

TITLE T
NAME SCHWARTZ, LEE
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33314 ☒ Delete

TITLE T
NAME FREVOLA, MICHAEL
STREET ADDRESS 2801 SALZEDO ST.
CITY-ST-ZIP Coral Gables, Fla 33134 ☒ Change ☐ Addition

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 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:

Richard Naue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000 (305) 460-5411
Date Daytime Phone #

CR2E037 (9/99)