

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90181 045 ****61.25

DOCUMENT # N09379

1. Entity Name

POLICE BENEVOLENT ASSOCIATION OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

1601 S 21 AVE
 HOLLYWOOD FL 33020
 US

3250 HOLLYWOOD BLVD
 HOLLYWOOD FL 33021-6907

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

59-6158915

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

PANZA, THOMAS F
PANZA AND MAURER
3081 E COMMERCIAL BLVD, SUITE 200
FT LAUDERDALE FL 33308

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** ☐ Delete
 NAME **MARANO, JEFFREY A**
 STREET ADDRESS **4109 PIERCE ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **C** ☐ Delete
 NAME **COMPANION, KEVIN**
 STREET ADDRESS **4910 MCKINLEY ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **SD** ☒ Delete
 NAME **CHRISTIAN, JERRY P**
 STREET ADDRESS **5050 SW 101ST AVE**
 CITY-ST-ZIP **COOPER CITY FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MARINO, MANNY**
 STREET ADDRESS **3250 Hlwo Blvd**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **TD** ☐ Delete
 NAME **SAFFRAN, MICHAEL F**
 STREET ADDRESS **1511 HAYES ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **CD** ☐ Delete
 NAME **HARRISON, STEPHEN**
 STREET ADDRESS **3250 HOLLYWOOD BLVD.**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **V** ☐ Delete
 NAME **FOLEY, JOSPH**
 STREET ADDRESS **1550 HAYES ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

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: *Michael F. Saffran*

1-8-02 954-967-4456

CR2E037 (9/01)