2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 10, 2000 8:00 am
Secretary of State
03-21-2000 90017 018 ****61.25

DOCUMENT # N94000001209

1. Entity Name

CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION

Principal Place of Business	Mailing Address
225 MALAGA CORAL GABLES FL 33134	POST OFFICE BOX 340712 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

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 65-0412710 ☐ 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
SUGARMAN, ROBERT A 2801 PONCE DE LEON BLVD SUITE 750 CORAL GABELS FL 33184	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TAYLOR, KEITH 12142 ST ANDREWS PL., APT 306 MIRMAR FL 33025	☐ Delete	TITLE ST NAME Keith Taylor STREET ADDRESS 2815 Salzedo ST CITY-ST-ZIP Coral Gables, FL 33134	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OVARICH, THAD 218 PINECREST DR. MIAMI SPRINGS FL 33166	☐ Delete	TITLE T NAME Julio Torres STREET ADDRESS 525 S. Dixie Hwy CITY-ST-ZIP CG, FL 33142	☒ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT DAVIS, CHARLES 7620 SW 161 TERRACE MIAMI FL	☐ Delete	TITLE TT NAME Jose Stone STREET ADDRESS 2815 Salzedo St. CITY-ST-ZIP Coral Gables, FL 33134	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIBLEY, WAYNE 19960 SW 29 ST MIAMI FL	☐ Delete	TITLE TT NAME Angelo Prat STREET ADDRESS 2815 Salzedo St. CITY-ST-ZIP CG, FL 33134	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIBLEY, WAYNE 19960 SW 292 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GOSSETT, JAMES 16501 SW 91 AVE MIAMI FL	☐ 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: X [signature] REQUIRED 3/17/00 305-446-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #