

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

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

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 GABLES 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
TAYLOR, KEITH
12142 ST ANDREWS PL., APT 306
MIAMI FL 33025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OVARICH, THAD
218 PINECREST DR.
MIAMI SPRINGS FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
DAVIS, CHARLES
7620 SW 101 TERRACE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SIBLEY, WAYNE
19960 SW 29 ST
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SIBLEY, WAYNE
19960 SW 292 ST
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
GOSSETT, JAMES
16501 SW 91 AVE
MIAMI FL

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Keith Taylor
2815 Salzedo ST
Coral Gables, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
Julio Torres
525 S. Dixie Hwy
CG, FL 33142

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
Jobb Stone
2815 Salzedo St.
Coral Gables, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
Angelo Prat
2815 Salzedo St.
CG, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 305-446-7780

Date

Daytime Phone #

ADDED 3/17/00