

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

0010988

DOCUMENT # 762704

1. Entity Name
**SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE
MANAGEMENT ASSOCIATION, INC.**



FILED

03 OCT 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**201 W PALMETTO PARK RD
BOCA RATON FL 33432
US**

Mailing Address
**201 W PALMETTO PARK RD
BOCA RATON FL 33432
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2173781**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**GARDNER, PAM
201-W-PALMETTO-PARK-RD
BOCA RATON FL 33432**

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.

100023610264
10/07/03--01014--024 **61.25

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
After September 10, 2003, min will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	D BUSCHMAN, JAMES 308 S. DIXIE HWY. HALLENDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, DIANNE 3370 FOREST HILL BLVD, STE A-103 WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARDNER, PAM 201 W. PALMETTO PARK RD. BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOELLNER, CAROL 160 AUSTRALIAN AVE WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERVANTI, CAROLYN 6700 MIRAMAR PKWY MIRAMAR FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEECHER, ED 501 PALM AVE HIALEAH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Daniel J. Lutzke 6591 Orange Drive Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bill Mason City of Sunrise 10770 W. Oakland Park Blvd Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gardner, Pam 201 W. Palmetto Park Rd. Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Darlene George Broward County Gov't Center 115 S. Andrews Ave, Rm-210 Ft. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John McElarthy City of Plantation 400 NW 73rd Ave. Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** Daniel Lutzke 09/09/03 954-797-1097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)