

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90165 009 ****70.00

DOCUMENT # 701438

1. Entity Name

FORT LAUDERDALE FIREMEN'S BENEVOLENT ASSOCIATIO

Principal Place of Business

Mailing Address

**309 1/2 S.W. 26TH STREET
 FT LAUDERDALE FL 33315**

**309 1/2 S.W. 26TH STREET
 FT LAUDERDALE FL 33315-2619**

00018882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6133784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HUMPHREY, WILLIAM
 309 1/2 S.W. 26TH STREET
 FT LAUDERDALE FL 33315**

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	HUMPHREY, WILLIAM	
STREET ADDRESS	3170 S.W. 19TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VPD	☐ Delete
NAME	HABIG, TIMOTHY	
STREET ADDRESS	2120 S.W. 52ND TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SD	☐ Delete
NAME	BASIC, ROBERT	
STREET ADDRESS	1805 N. 46TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	☐ Delete
NAME	KEMP, IAN	
STREET ADDRESS	3288 N.W. 38TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Signature of William Humphrey

02/01/00 954 581-1649

CR2E037 (9/99)