

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90227 019 \*\*\*\*61.25

**DOCUMENT # 706510**

1. Entity Name

**NORTHWEST BROWARD COUNTY VOLUNTEER FIREMEN'S ASS**

Principal Place of Business

4477 NW 65 ST  
 COCOANUT CREEK FL 33073  
 US

Mailing Address

4477 NW 65 ST  
 COCOANUT CREEK FL 33073  
 US

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

**59-1816449**

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

**KWIECIEN, DAVID J.**  
**4921 NW 76TH PLACE**  
**POMPANO BEACH FL 33073**

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 WARD, JOHN  
 STREET ADDRESS 7708 MARGATE BLVD  
 CITY-ST-ZIP MARGATE FL

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

TITLE ST ☐ Delete  
 NAME OLIVER, ROBERT A.  
 STREET ADDRESS 1511SE 15TH CT.  
 CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE D ☐ Delete  
 NAME WARD, RICHARD  
 STREET ADDRESS 12755 NW HIGHWAY 225  
 CITY-ST-ZIP REDDICK FL

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

TITLE VD ☐ Delete  
 NAME WISNIEWSKI, DONALD F  
 STREET ADDRESS 2122 N W. 63RD AVE  
 CITY-ST-ZIP MARGATE FL

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

TITLE D ☐ Delete  
 NAME KWIECIEN, DAVID  
 STREET ADDRESS 4921 NW 76 PL  
 CITY-ST-ZIP POMPANO FL

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

TITLE ☐ Delete  
 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:

*David Kwiecien*  
 PRESIDENT

4/27/01

954-4241068

CR2E037 (10/00)