

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712260

1. Entity Name

HOLLYWOOD FIRE FIGHTERS LOCAL NO. 1375, I.A.F.F.

Principal Place of Business

310 SOUTH 62ND AVE
HOLLYWOOD FL 33023

Mailing Address

310 SOUTH 62ND AVE
HOLLYWOOD FL 33023-1327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6177386

Applied For

Not Applied For

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

CHARD, RUSSELL
310 SOUTH 62ND AVENUE
HOLLYWOOD FL 33023

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

Russell R Chard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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	TD	☐ Delete
NAME	ANDERSON, DON	
STREET ADDRESS	310 S G2 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SD	☒ Delete
NAME	SHELTON, JOHN	
STREET ADDRESS	310 S 62ND AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	PD	☐ Delete
NAME	CHARD, RUSSELL	
STREET ADDRESS	1017 N 13 TERR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	☐ Delete
NAME	FITZGERALD, DAN	
STREET ADDRESS	310 S G2 S G2 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☒ Addition
NAME	EMILIANO, FRANK	
STREET ADDRESS	310 S 62ND AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
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:

Russell R Chard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

954-961-9222

Daytime Phone #