

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 726636**

1. Entity Name

**THE DELRAY BEACH FIRE FIGHTERS BENEVOLENT ASSOCI****FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90078 037 \*\*\*\*61.25

Principal Place of Business

501 W ATLANTIC AVE  
P.O. BOX 157  
DELRAY BEACH FL 33444  
US

Mailing Address

501 W ATLANTIC AVE  
P.O. BOX 157  
DELRAY BEACH FL 33444  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2367741

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

Name

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

City

FL

Zip Code

CROWLEY, HENRY D ESQ  
24 SE 4TH ST.  
BOCA RATON FL

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 PD ☐ Delete  
NAME DALTON, JAMES  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH FLTITLE VD ☐ Delete  
NAME MERRILL, CRAIG  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FLTITLE VD ☐ Delete  
NAME GARITO, TIM  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH. FLTITLE TD ☐ Delete  
NAME LANG, JOE  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH. FLTITLE SD ☐ Delete  
NAME TUCKMAN, EILEEN  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3-28-01

Date

561 732-0012

Daytime Phone #

CR2E037 (10/00)