

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734216

1. Entity Name

BOYNTON - DELRAY BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

ROYAL PALM CLUB HOUSE  
554 GATEWAY BOULEVARD  
BOYNTON BEACH FL

Mailing Address

JACK DAMPF  
15244 LAKES OF DELRAY BOULEVARD  
DELRAY BEACH FL 33484-4377

2. Principal Place of Business

Station #42 Palm Beach

Fire Rescue

14276 Hagen Ranch Road

Delray Beach, FL

Zip  
33446

Country  
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0321058

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEINMAN, IRVING  
404 NORMANDY I  
DELRAY BEACH FL 33446

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.

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  
NAME LEVY, GUS  
STREET ADDRESS 265 SAXONY F.  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE D  
NAME KAPLAN, JACK  
STREET ADDRESS 484 SAXONY K  
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE D  
NAME KLEINMAN, IRVING  
STREET ADDRESS 404 NORMANDY I  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE D  
NAME DAMPF, JACK  
STREET ADDRESS 15244 LAKES OF DELRAY BOULEVARD  
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Jack Dampf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 (561) 498-9927  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)