

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90054 047 ****61.25

DOCUMENT # 738463

1. Entity Name

THE HALLANDALE FIRE DEPARTMENT BENEVOLENT FUND.

Principal Place of Business

121 SW 3RD ST
 HALLANDALE FL 33009

Mailing Address

121 SW 3RD ST
 HALLANDALE FL 33009-6309

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

59-1738900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARSON, JEFF
 4230 SW 70 TERR
 DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

GROWICK, ROBERT

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

651 S.W. 67 TERRACE

City

PEMBROKE PINES

FL

Zip Code

33023

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

Robert Growick P.D.

ROBERT GROWICK 1-28-00

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 CARSON, JEFF
 STREET ADDRESS 4230 SW 70 TERR
 CITY-ST-ZIP DAVIE FL

TITLE D ☐ Delete
 NAME WILSON, MARK
 STREET ADDRESS 6201 SW 14 STREET
 CITY-ST-ZIP PLANTATION FL

TITLE T ☒ Delete
 NAME RYAN, JACK
 STREET ADDRESS 6495 OAK ST
 CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☐ Delete
 NAME JOHNSON, JAMES P
 STREET ADDRESS 713 SW 14TH STREET
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T ☒ Delete
 NAME WILLIAMS, LORI
 STREET ADDRESS 5169 SW 28 TERRACE
 CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE T ☒ Delete
 NAME JORGENSEN, KIRSTEN
 STREET ADDRESS 13606 SW 102 TERRACE
 CITY-ST-ZIP MIAMI FL 33186

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
 NAME ROBERT GROWICK
 STREET ADDRESS 651 S.W. 67 TERRACE
 CITY-ST-ZIP PEMBROKE PINES, FL 33023

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

TITLE T ☒ Change ☐ Addition
 NAME DARRIN IVES
 STREET ADDRESS 5 CENTER LANE
 CITY-ST-ZIP KEY LARGO, FL 33037

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

TITLE ☒ Change ☐ Addition
 NAME LORI GERMAN
 STREET ADDRESS 8600 S.W. 133 AVE. RD. # 417
 CITY-ST-ZIP MIAMI, FL 33183

TITLE ☒ Change ☐ Addition
 NAME DWIGHT REIFENBERG
 STREET ADDRESS 9450 S.W. 80 AVE.
 CITY-ST-ZIP MIAMI, FL 33186

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:

Robert Growick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00 954 4571470

Date

Daytime Phone #