

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90004 042 \*\*\*\*61.25

**DOCUMENT # 738463**

1. Entity Name

**THE HALLANDALE FIRE DEPARTMENT BENEVOLENT FUND, INC.**

Principal Place of Business

Mailing Address

121 SW 3RD ST  
 HALLANDALE FL 33009

121 SW 3RD ST  
 HALLANDALE FL 33009

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

7. Name and Address of New Registered Agent

**GROWICK, ROBERT**  
**651 SW 67 TERRACE**  
**PEMBROKE PINES 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

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS GROWICK, ROBERT  
 CITY-ST-ZIP 651 SW 67 TERRACE  
 PEMBROKE PINES FL 33023

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS WILSON, MARK  
 CITY-ST-ZIP 329 MADISON ST #4  
 HOLLYWOOD FL 33019

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

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS IVES, DARRIN  
 CITY-ST-ZIP 5 CENTER LANE  
 KEY LARGO FL 33037

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

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

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

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS GERMAN, LORI  
 CITY-ST-ZIP 18533 SW 89 PLACE  
 MIAMI FL 33157

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS REIFENBERG, DWIGHT  
 CITY-ST-ZIP 9450 SW 80 AVE  
 MIAMI FL 33186

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:

*Lori L. German* **Lori L. German** 1/25/02 457-4470

CR2E037 (9/01)