## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # 756831** 1. Entity Name F.D.N.Y. RETIREES, INC., BROWARD COUNTY DIVISION 02-15-2000 90031 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 6902 N.W. 76TH COURT 6902 N.W. 76TH COURT TAMARAC FL 33321-5257 TAMARAC FL 33321-5257 130000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2097725 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROCKWELL, EDWARD H., JR. 6902 N.W. 76TH COURT TAMARAC FL 33321-5257 City Zip Code 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 WWW. Colors -183 La 181-1 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TRUE ☐ Change TITLE NAME COFFMAN, GERALD R NAME STREET ADDRESS STREET ADDRESS 700 NW 100TH WAY CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** ☐ Addition ☐ Change ☐ Delete TITLE TITLE FINEO. VINCENT NAME NAME STREET ADDRESS 1350 E SAMPLE RD APT 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCGOVERN, JAMES STREET ADDRESS 1149 HILLSBOROUGH MILE, APT. 204 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLSBOROUGH BEACH FL 33062 ☐ Change Addition Delete TITLE TITLE NAME BERGMAN, VICTOR STREET ADDRESS STREET ADDRESS 7728 A LEX CLUB BLVD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME **CULLIGAN, EUGENE** NAME STREET ADDRESS STREET ADDRESS 105 N.E. 19 AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH F; 33441 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME ROCKWELL, EDWARD H, JR STREET ADDRESS STREET ADDRESS 6902 NW 76TH COURT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321-5257 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: SIGNATURE: SIGNATURE AND AVEOUR PRINTED WATER OR PURE OR P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR