

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90034 020 \*\*\*\*61.25

0047821

**DOCUMENT # 756831**

1. Entity Name

**F.D.N.Y. RETIREES, INC., BROWARD COUNTY DIVISION**

Principal Place of Business

6902 N.W. 76TH COURT  
TAMARAC FL 33321-5257  
US

Mailing Address

6902 N.W. 76TH COURT  
TAMARAC FL 33321-5257  
US

**C0005831**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2097725**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROCKWELL, EDWARD H., JR.**  
**6902 N.W. 76TH COURT**  
**TAMARAC FL 33321-5257**

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	P	<input type="checkbox"/> Delete
NAME	COFFMAN, GERALD R	
STREET ADDRESS	700 NW 100TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINEO, VINCENT	
STREET ADDRESS	1350 E SAMPLE RD APT 108	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGOVERN, JAMES	
STREET ADDRESS	1149 HILLSBOROUGH MILE, APT. 204 N.	
CITY-ST-ZIP	HILLSBOROUGH BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGMAN, VICTOR	
STREET ADDRESS	7728 A LEX CLUB BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLIGAN, EUGENE	
STREET ADDRESS	105 N.E. 19 AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH F; 33441	
TITLE	FS	<input type="checkbox"/> Delete
NAME	ROCKWELL, EDWARD H, JR	
STREET ADDRESS	6902 NW 76TH COURT	
CITY-ST-ZIP	TAMARAC FL 33321-5257	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD STRAMKA	
STREET ADDRESS	7480 N.W. 7 PLACE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH T. FLORIO	
STREET ADDRESS	2445 S.W. 89 CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	SERGEANT AT ARMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASQUALE VILLANI	
STREET ADDRESS	1200 N.W. 80 AVENUE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD E. KAUFOLD	
STREET ADDRESS	2883 CAROM BOLA SO. CIRCLE	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD T. LAMADORE	
STREET ADDRESS	4186 SABAL RIDGE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33331-5040	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY J. ZEHNING	
STREET ADDRESS	6051 SO. VERDE TRAIL	
CITY-ST-ZIP	BOCA RATON, FL 33433	

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward H. Rockwell Jr. Secretary Jan. 4, 2001 954-721-6106

CR2E037 (10/00)