

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90391 034 \*\*\*\*61.25

**DOCUMENT # N01000008028**

1. Entity Name

**BROWARD COUNTY CHAPTER OF THE FLORIDA ASSOCIATION OF PLUMBING, GAS AND MECHANICAL INSPECTORS INC**

Principal Place of Business

660 S. WIND CIRCLE  
SUNRISE FL 33326

Mailing Address

660 S. WIND CIRCLE  
SUNRISE FL 33326

2. Principal Place of Business

Local 719.

3. Mailing Address

660 S. Wind Circle

Suite, Apt. #, etc.

2502 S. Andrews AVE

Suite, Apt. #, etc.

City & State

FLAUID. FL

City & State

Sunrise FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33316

Country

U.S.A.

Zip

33326

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REDDIEN, GARY W.  
660 S. WIND CIRCLE  
SUNRISE FL 33326

7. Name and Address of New Registered Agent

Name Reddick Gary W.

Street Address (P.O. Box Number is Not Acceptable)  
660 S. Wind Cir.

City

Sunrise

FL

Zip Code

33326

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

1-8-02

**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 ☐ Delete

NAME President  
DANIEL BAKER  
STREET ADDRESS 8531 N.W. 48th ST  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ Delete

NAME Vice President  
ALAN CORFIVEAU  
STREET ADDRESS 1614 N. Dixie  
CITY-ST-ZIP HOLLYWOOD, FL 330202601

TITLE ☐ Delete

NAME 2nd Vice President  
T.M. Kuhlman  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME Treasurer  
GARY REDDIEN  
STREET ADDRESS 660 S. Wind Cir  
CITY-ST-ZIP SUNRISE FL 33326

TITLE ☐ Delete

NAME Recording Agent  
Ed. Berdellans  
STREET ADDRESS 6996 N.W. 1st ST.  
CITY-ST-ZIP MARSHALL FL 33063

TITLE ☐ Delete

NAME Past President (Director)  
Paul T. Fleming  
STREET ADDRESS 3511 N Longfellow Cir  
CITY-ST-ZIP HOLLYWOOD, FL 33021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME Director  
Bob Andrews  
STREET ADDRESS 2216 Cypress Blvd DR N. 105  
CITY-ST-ZIP FORLANOE 33069

TITLE ☐ Change ☐ Addition

NAME Director  
Kevin Farrell  
STREET ADDRESS 9430 N.W. 15th ST.  
CITY-ST-ZIP PENSACOLA FL 33024

TITLE ☐ Change ☐ Addition

NAME Director  
Cary Bauer  
STREET ADDRESS 3315 N.W. 68th CT  
CITY-ST-ZIP FLAUID, FL 33309

TITLE ☐ Change ☐ Addition

NAME Director  
Jim Bickford  
STREET ADDRESS 251 N.W. 35th CT  
CITY-ST-ZIP OAKLAND PK, 33309

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

DANIEL BAKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 (954) 658-1879

Date Daytime Phone #

CR2E037 (9/01)

0031403