

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

3/24

03-24-2003 90140 010 \*\*\*\*61.25

**DOCUMENT # N02000005106**

1. Entity Name

**THE ROB REDHAMMER MEMORIAL FUND, INC.**



Principal Place of Business

**5704 SW 116 AVE  
COOPER CITY FL 33330**

Mailing Address

**5704 SW 116 AVE  
COOPER CITY FL 33330**

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

**33-613984**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**FEINMAN, STEVEN A ESQ.**

**8530 STATE RD 84**

**DAVE FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
						<b>Patti Barrett</b>	<b>5704 SW 116 Ave</b>	<b>Cooper City FL 33330</b>		<input checked="" type="checkbox"/>
						<b>Daniel Barrett</b>	<b>5704 SW 116 Ave</b>	<b>Cooper City FL 33330</b>		<input checked="" type="checkbox"/>
						<b>Albert Redhammer</b>	<b>1051 SW 27 St</b>	<b>Dave, FL 33528</b>		<input checked="" type="checkbox"/>
						<b>Don Redhammer</b>	<b>1051 SW 27 St</b>	<b>Dave, FL 33528</b>		<input checked="" type="checkbox"/>

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: X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 3/20/03**

Date

**954-744-16**

Daytime Phone #

CR2E037 (10/02)