2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2000 8:00 am Secretary of State **DOCUMENT # N17173** 02-19-2000 90005 046 ****61.25 BROWARD ASSOCIATION FOR THE RELIEF OF FIREFIGHTE Principal Place of Business Mailing Address C/O CHARLES JOSEPH URIG. JR. C/O CHARLES JOSEPH URIG. JR. 1219 SW 31 STREET A0019505 1219 SW 31 STREET FT. LAUDERDALE FL 33315-2843 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0002524 Not Applicable Zip Country Zip Country \$8.75 Additional 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) URIG. CHARLES JOSEPH JR. 1219 SW 31 STREET FT. LAUDERDALE FL 33315 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE ΠP ☐ Delete TITLE NAME NAME URIG, CHARLES J., JR. STREET ADDRESS STREET ADDRESS 1219 SW 31 STREET CITY-ST-ZIP CITY-ST-ZIP <u>ft. Lauderdale fl</u> ☐ Delete ☐ Change ☐ Addition TITLE TITLE D٧ NAME NAME CZAPLICKI, RONALD STREET ADDRESS 310 SW 70 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL Change ☐ Addition TITLE Delete TITLE NAME NAME PHILLIPS, STEPHEN STREET ADDRESS STREET ADDRESS 2449 WHALEHARBOR LN. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL · Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

URIG

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