

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90395 043 ****61.25

DOCUMENT # N40797

1. Entity Name

BROWARD COUNTY COUNCIL OF PROFESSIONAL FIRE FIGHTERS

Principal Place of Business

Mailing Address

3800 INVERRARY BLVD
 203
 LAUDERHILL FL 33319
 US

3800 INVERRARY BLVD
 203
 LAUDERHILL FL 33319
 US

2. Principal Place of Business

3. Mailing Address

2650 W. State Road 84
 Suite, Apt. #, etc.
 Suite 101C

2650 W. State Rd 84
 Suite, Apt. #, etc.
 Suite 101C

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip 33312

Country USA

Zip 33312

Country US

4. FEI Number

65-0336376

Applied For

Not Applicable

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

PRIOR, PETE
 848 ORCHID DR
 PLANTATION FL 33316

Name

Douglas Watler

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

20981 Shady Vista Lane

City

Boca Raton

FL

Zip Code

33428

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]

5-1-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PRIOR, PETE	
STREET ADDRESS	848 ORCHID DRIVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NAPOLITANO, TONY	
STREET ADDRESS	5443 NW 107 AVE	
CITY-ST-ZIP	CORAL SPGS FL 33076	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BENAVIDES, JOE	
STREET ADDRESS	4315 GARFIELD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watler, Douglas	
STREET ADDRESS	20981 Shady Vista Lane	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Michael	
STREET ADDRESS	10458 SW 49th Place	
CITY-ST-ZIP	Cooper City, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

5-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)