

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002972

1. Entity Name

CITY OF HOLLYWOOD MUNICIPAL RETIREES ASSOCIATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90038 024 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5819 S.W. 26 STREET HOLLYWOOD FL 33023	Mailing Address 5819 S.W. 26 STREET HOLLYWOOD FL 33023-4111
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0602426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTFALL, JOHN F
5819 SW 26 STREET
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	WESTFALL, EDNA G	
STREET ADDRESS	5819 SW 26TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCVEIGH, TIM	
STREET ADDRESS	4316 VAN BOREN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINCOLN, JAMES	
STREET ADDRESS	1434 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WESTFALL, JOHN F	
STREET ADDRESS	5819 SW 26 ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY MCVEIGH	
STREET ADDRESS	4316 Van Boren St.	
CITY-ST-ZIP	Hollywood, FL 33021	
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: John F Westfall **JOHN F WESTFALL** 3/3/2000 97-96-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)