

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002430

1. Entity Name

FIRE CHIEFS' ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business

7501 N.W. 88TH AVENUE
TAMARAC FL 33321

Mailing Address

7501 N.W. 88TH AVENUE
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BUDZINSKI, JIM
7501 N.W. 88TH AVENUE
TAMARAC FL 33321

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ BUDZINSKI, JIM 7501 N.W. 88TH AVENUE TAMARAC FL 33321 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ BURROUGH, RANDY 3401 HOLLYWOOD BLVD HOLLYWOOD FL 33021 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ SIEVERS, RICHARD 3461 N.W. 43RD AVENUE LAUDERDALE LAKES FL 33319 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ HENSON, JIM 2100 N.W. 39TH STREET OAKLAND PARK FL 33309 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BUDZINSKI

2/11/02 (754) 7242436

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90577 034 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)