

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90223 028 \*\*\*\*61.25

**DOCUMENT # N98000000388**

1. Entity Name

**DEERFIELD BEACH FIREFIGHTERS AND PARAMEDICS BENE  
 VOLUNT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 176  
 DEERFIELD BEACH FL 33443

P. O. BOX 176  
 DEERFIELD BEACH FL 33443

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

**NOT APPLICABLE**

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

Name

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

City

**FL**

Zip Code

**MIERZWA & ASSOCIATES PA  
 ATTN : KEITH DUBIN, ESQ  
 3900 WOODLAKE BLVD STE 212  
 LAKE WORTH FL 33463-3045**

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

**After September 13, 2002,  
 min. will be \$236.25.**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD PELLITTERI, MATT 849 NE 4TH ST DEERFIELD BEACH FL 33441	<input type="checkbox"/>		
VPD KNAPP, GAIL 264 SE 6 AVE DEERFIELD BEACH FL 33441	<input type="checkbox"/>		
SD CANTALUPO, ALEX 1256 SE 8 ST DEERFIELD BEACH FL 33441	<input type="checkbox"/>		
T QUITONI, JOHN 153 NW 40TH TERR. DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/>		
T CROFUTT, SEAN 170 SW 32 AVE DEERFIELD BEACH FL 33442	<input type="checkbox"/>		
TD GRIFFITH, MARK 1061 SW 20 ST BOCA RATON FL 33486	<input type="checkbox"/>	Treasurer Griffith, Mark 840 Anchorage Drive North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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]*

8/7/02 5614459321