

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007066

1. Entity Name

FLORIDA GUARD ASSOCIATION INC.

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90722 010 \*\*\*\*61.25

Principal Place of Business

4970 SABAL PALM BLVD APT 310  
FT LAUDERDALE FL 33319

Mailing Address

4970 SABAL PALM BLVD APT 310  
FT LAUDERDALE FL 33319

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

65-0097779

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

BROWN, JOSEPH

4970 SABAL PALM BLVD APT 310  
FT LAUDERDALE FL 33319

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BROWN, JOSEPH  
STREET ADDRESS 4970 SABAL PALM BLVD. APT 310  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

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

TITLE VPD  
NAME MACIOL, EUGENE V.  
STREET ADDRESS 3351 NE 17TH AVENUE  
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

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

TITLE STD  
NAME HANDLER, FRANK  
STREET ADDRESS 1906 SW 83RD AVE  
CITY-ST-ZIP NORTH LAUDERDALE FL 33860 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:  FRANK HANDLER J-22-02 REC-194-1116

SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR DIRECTOR

Date

Residence State

CR2E037 (9/01)