

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N98000007066**

1. Entity Name

**FLORIDA GUARD ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**4970 SABAL PALM BLVD APT 310  
 FT LAUDERDALE FL 33319**

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, JOSEPH</b>	
STREET ADDRESS	<b>4970 SABAL PALM BLVD. APT 310</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33319</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MACIOL, EUGENE V.</b>	
STREET ADDRESS	<b>3351 NE 17TH AVENUE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HANDLER, FRANK</b>	
STREET ADDRESS	<b>1906 SW 83RD AVE</b>	
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL 33860</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** *FRANK HANDLER* J-22-02 907-294-1110

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

Fee Paid

CR2E037 (9/01)