

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90039 038 \*\*\*\*61.25

**DOCUMENT # N99000000314**

1. Entity Name

**FORT LAUDERDALE POLICE AND FIREFIGHTERS APPRECIATION**

Principal Place of Business

Mailing Address

3155 N. PALM AIRE DRIVE #105  
POMPANO BEACH FL 33069

3155 N. PALM AIRE DRIVE #105  
POMPANO BEACH FL 33069-3839

2. Principal Place of Business

1700 NW 7TH TER

Suite, Apt. #, etc.

3. Mailing Address

1700 NW 7TH TER

Suite, Apt. #, etc.

City & State

Fort Land, FL

City & State

Fort Land, FL

Zip

33311 Broward

Zip

33311 Broward

4. FEI Number

65-0900541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLENBY, JACK  
3155 N. PALM AIRE DRIVE #105  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name Linda Gibboney

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

1700 NW 7TH TER

City

FT. Land FL

FL

Zip Code

33311

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

*Linda Gibboney* Linda Gibboney

5/3/00

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$81.25**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MOLNAR, SUE	
STREET ADDRESS	1350 W. BROWARD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GIBBONEY, LINDA	
STREET ADDRESS	1700 N.W. 7TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHATTUCK, SANDI	
STREET ADDRESS	1437 N.E. 3RD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALLENBY, JACK	
STREET ADDRESS	3155 N. PALM AIRE DRIVE #105	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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 checked="" type="checkbox"/> Addition
NAME	Tim Smith	
STREET ADDRESS	1720 NE 9th Avenue	
CITY-ST-ZIP	Fort Land, FL 33305	
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		<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:

*Linda Gibboney* Linda Gibboney Vice Chair

5/3/00

(954) 465-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)