

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-21-2002 90063 042 *****61.25

DOCUMENT # N99000000314

1. Entity Name

FORT LAUDERDALE POLICE AND FIREFIGHTERS APPRECIATION DAY, INC.

Principal Place of Business

Mailing Address

1700 NW 7TH TERR
 FORT LAUDERDALE FL 33301

1700 NW 7TH TERR
 FORT LAUDERDALE FL 33301

2. Principal Place of Business

1700 N.W. 7th Terrace

3. Mailing Address

1700 N.W. 7th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL 33311

City & State

Fort Lauderdale, FL 33311

4. FEI Number

65-0900541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIBBONEY, LINDA
 1700 NW 7TH TERR
 FORT LAUDERDALE FL 33311

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 \$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 type="checkbox"/> Delete
NAME	SMITH, TIM	
STREET ADDRESS	1720 NE 9TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
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 checked="" type="checkbox"/> Delete
NAME	JOHNSON, SANDI	
STREET ADDRESS	1437 N.E. 3RD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gibboney, Linda	
STREET ADDRESS	1700 N.W. 7th Terrace	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Cindy	
STREET ADDRESS	1720 N.E. 9th Avenue	
CITY-ST-ZIP	Fort Lauderdale, 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		

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

Date

Daytime Phone #

CR2E037 (9/01)