

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006097

1. Entity Name

THE D.V. BENEVOLENT ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

PALM BEACH FIRE RESCUE STATION #42
14276 HAGEN RANCH RD
DELRAY BEACH FL 33446

C/O JACK DAMPF
15244 LAKES OF DELRAY BLVD
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003400

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

ROSEN, AARON
5438A VERONA DR
BOYNTON BEACH FL 33437

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 ☐ Delete
NAME BUCKSBAUM, ALVIN
STREET ADDRESS 8431 COMPASS DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

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

TITLE D ☒ Delete
NAME KAUFER, DR. JEFFREY
STREET ADDRESS 9050 CAVATINA PLACE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☒ Change ☐ Addition
NAME FRANK GOLDSTEIN
STREET ADDRESS 8359 SUNMEADOW LANE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D ☐ Delete
NAME ROSEN, AARON
STREET ADDRESS 5438A VERONA DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33446

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

TITLE D ☐ Delete
NAME DAMPF, JACK
STREET ADDRESS 15264 LAKES OF DELRAY BLVD
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15244 LAKES OF DELRAY BLVD
CITY-ST-ZIP F-103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Jack Dampf TREASURER JACK DAMPF 2/10/02 561-498-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0076527

CR2E037 (9/01)