



CITY OF POMPANO BEACH, FL
ADVISORY BOARD/COMMITTEE APPLICATION

City Clerk's Office
Post Office Drawer 1300
Pompano Beach, Florida 33061

Fax No.: (954) 786-4095

Phone No.: (954) 786-4611

IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING MUNICIPAL BOARD AND COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF BOARD/COMMITTEE: GOLF ADVISORY BOARD

NAME OF APPLICANT: GARY S. RUDERMAN

RESIDENCY ADDRESS: 2583 NE 15th Street

ZIP CODE: 33062 HOME PHONE NO.: 782-3990

MAILING ADDRESS: 2583 NE 15th Street

CITY/STATE/ZIP CODE: POMPANO BEACH, FL 33062

ARE YOU A CITY RESIDENT? YES: ☒ NO: ☐

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1: ☒ 2: ☐ 3: ☒ 4: ☐ 5: ☐ *ohn*

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES: ☒ NO: ☐

ARE YOU A REGISTERED VOTER? YES: ☒ NO: ☐

BUSINESS OR OCCUPATION: SENIOR MANAGER, TAX & RISK MANAGEMENT

BUSINESS ADDRESS: 220 CONGRESS PARK DRIVE SUITE #106

CITY/STATE: DELRAY BEACH, FL

ZIP CODE: 33445 BUSINESS PHONE NO. 561-266-7122 (DISCONTINUED)

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? No

IF YES, PLEASE LIST NAME: _____

WOULD YOU CONSIDER SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? no

IF YES, PLEASE LIST NAME:

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? no

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: _____

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION WHICH WOULD QUALIFY YOU TO SERVE ON THIS BOARD OR COMMITTEE:

EDUCATION: BBA, Accounting - University of Miami
Master of Science in Taxation - Florida International University

EXPERIENCE: CPA, USGA Golf Handicap of 10, Former Secretary &
President - Golf Club at the University of Miami, Member - Pompano Beach Golf Course

CURRENT POSITION: Senior Manager, Tax & Risk Management for
Travel Services International, Inc.

PAST POSITIONS: Hominy Hill Golf Course, Colts Neck, New Jersey - Starter & Ranger

HOBBIES: Playing Golf, Watching Golf, Reading about Golf, Studying Finance

MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION:

[Signature]
SIGNATURE OF APPLICANT

January 26, 2001
DATE OF APPLICATION

AB
INITIALS OF CLERK OR DEPUTY

5/9/16
DATE RECEIVED OR CONFIRMED

RECEIVED
FEB 14 2011
CITY CLERK'S OFFICE

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE, _____, AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.

THIS SECTION MUST BE COMPLETED BY THE ADVISORY BOARD SECRETARY ONLY

NUMBER OF MEETINGS HELD: _____ NUMBER OF MEETINGS ATTENDED: _____



CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION

2015 DEC -3 PM 12:32

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
Post Office Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. ☒ Mrs. ☐ Ms. ☐ Miss ☐ Name: Des Frazier

Residence Information:

Home Address: 621 NW 8th Avenue
City/State/Zip: Pompano Beach, FL. 33060
Home Phone: 954-444-2810 Cell Phone: _____
Email: Nuhomes@yahoo.com Fax: _____

Business Information:

Employer/Business Name: U NAME IT Home Improvement
Current Position / Occupation: CEO / PRESIDENT
Business Address: 621 NW 8th Ave.
City/State/Zip: Pompano Beach, FL. 33060
Business Phone: 954-444-2810 Fax: _____ Email: _____

Are you a U.S. Citizen? Yes ☒ No ☐

Are you a resident of Pompano Beach? Yes ☒ No ☐ Reside in District: 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐

Do you own real property in Pompano Beach? Yes ☒ No ☐

Are you a registered voter? Yes ☒ No ☐

Have you ever been convicted of a felony? Yes ☒ No ☐

Current or prior service on governmental boards and/or committees: NO

Please make a check next to the Advisory Boards/Committees you would like to serve on:

<input checked="" type="checkbox"/> Affordable Housing	<input checked="" type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Public Art Committee
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> *Community Development(CDAC)	<input checked="" type="checkbox"/> Golf	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Marine
<input checked="" type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Unsafe Structures
		<input type="checkbox"/> *Zoning Board of Appeals

*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: Real Estate FREC I, Mortgage Broker,
Business school for Entrepreneurship.

Experience: Operated in Business & various Aspects
of business for over 15 years.

Past Positions: TREASURER for 501C3 NON Profit
(The NuGame Movement). Executive Assistant
to the President for an education Advisory
board.

Hobbies: Biking, running & mentorship for youth.

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature: [Signature]

Date: 12/3/15

Initials of Clerk or Deputy: [Initials]

Date received or confirmed: ~~12/3/15~~

Please check one: ☒ New Application ☐ Currently Serving on Board ☐ Updated Information

7/29/16

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



**CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION**

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK
2015 FEB 25 PM 1:00

Marinae

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4091
Post Office Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Name: Corey Thompson
 (Optional)

Residence Information:

Home Address: 2166 NW 45th
 City/State/Zip: Pompano Beach, FL, 33069
 Home Phone: 954-727-6778 Cell Phone: 954-727-6778
 Email: youattimp2323@gmail.com Fax: _____

Business Information:

Employer/Business Name: Longshoremen Association
 Current Position / Occupation: Fork Lift Operator
 Business Address: 443 NW 65th
 City/State/Zip: Fort Lauderdale, FL, 33311
 Business Phone: 954-463-0248 Fax: N/A Email: N/A

Are you a U.S. Citizen? Yes ☒ No ☐

Are you a resident of Pompano Beach? Yes ☒ No ☐ Reside in District: 1 ___ 2 ___ 3 ___ 4 ☒ 5 ___

Do you own real property in Pompano Beach? Yes ☐ No ☒

Are you a registered voter? Yes ☒ No ☐

Have you ever been convicted of a felony? Yes ☒ No ☐

Current or prior service on governmental boards and/or committees: No

Please make a check next to the Advisory Boards/Committees you would like to serve on:

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<input type="checkbox"/> Architectural Appearance	<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
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<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Unsafe Structures
		<input type="checkbox"/> *Zoning Board of Appeals

***Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.**

In addition a Resume may be attached

Education:

G.E.D

Experience:

Volunteering to push for America
economic recovery.

Past Positions:

Campaign Volunteering

Hobbies:

Fishing, Bowling, Basket Ball,
Foot Ball, Golfing, and Soccer. Also
Traveling

**Making any false statements herein may be cause for revocation by the City Commission of
any appointment to a Board/Committee.**

Signature:

Earl Thompson

Date:

02-25-015

Initials of Clerk or Deputy:

Date received or confirmed:

Please check one: ☐ New Application ☐ Currently Serving on Board ☐ Updated Information

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OFFICE OF EXECUTIVE CLEMENCY

Tallahassee, Florida

CERTIFICATE OF RESTORATION OF CIVIL RIGHTS

WHEREAS, the Governor with the concurrence of the requisite members of the Cabinet of the State of Florida have filed an Executive Order on 09/14/2007 with the Secretary of the State, in compliance with Article IV, Section 8, Constitution of the State of Florida, which grants,

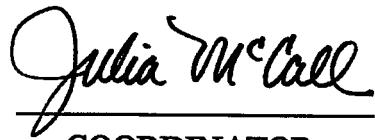
COREY LAMAR THOMPSON

restoration of civil rights, except the specific authority to possess or own a firearm for any and all felony convictions in the state of Florida and/or restoration of civil rights in the State of Florida for any and all felony convictions in any state other than Florida, or in any United States court or military court for which this person has been duly discharged from imprisonment and/or parole, adult community control or probation, and for which this person has not been heretofore granted clemency.

NOW, THEREFORE, I, the Coordinator of the Office of Executive Clemency, pursuant to said Order, and by virtue of the authority vested in me by the Governor with the concurrence of the requisite members of the Cabinet of the State of Florida, do hereby issue this certificate to

COREY LAMAR THOMPSON EO# 2007C-217 DOB: 11/21/1981

and the same shall be evidence to all persons that this person is restored to all civil rights in this State, except the specific authority to possess or own a firearm, lost by reason of any and all felonies this person may have been convicted of in the State of Florida and/or any felony conviction in another state, federal, or military court.

A handwritten signature in black ink, reading "Julia McCall". The signature is written in a cursive style with a large initial "J" and "M".

COORDINATOR

March 16th, 2015
DUPLICATE COPY



CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

2012 NOV 16 AM 7:38

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
Post Office Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. ☒ Mrs. ___ Ms. ___ Miss ___ Name: RICHARD SASSO
(Optional)

Residence Information:

Home Address: 2615 NE 26 TERR
City/State/Zip: Lighthouse Point FL 33064
Home Phone: 786 247 7974 Cell Phone: ___
Email: RSasso@comcast.net Fax: ___

Business Information:

Employer/Business Name: MR SQUEAKY CAR WASH
Current Position / Occupation: OWNER
Business Address: 499 West Atlantic Blvd
City/State/Zip: Pompano Beach FL 33060
Business Phone: 786 247 7974 Fax: ___ Email: ___

Are you a U.S. Citizen? Yes ☒ No ___

Are you a resident of Pompano Beach? Yes ___ No ☒ Reside in District: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Do you own real property in Pompano Beach? Yes ☒ No ___

Are you a registered voter? Yes ☒ No ___

Have you ever been convicted of a felony? Yes ___ No ☒

Current or prior service on governmental boards and/or committees: MIAMI-DADE County Public DEFENDERS OFFICE

Please make a check next to the Advisory Boards/Committees you would like to serve on:

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In addition a Resume may be attached

Education: _____

— SEE PRIOR APPLICATION —

Experience: _____

Past Positions: _____

Hobbies: _____

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Signature: _____

Date: _____

Initials of Clerk or Deputy: _____

Date received or confirmed: _____

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