



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

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

Mr. ☒ Mrs. ☐ Ms. ☐ Miss ☐ Name: GENE PRUDMORE  
(Optional)

**Residence Information:**

Home Address: 9601 NW 37 ST  
City/State/Zip: CORAL SPRINGS, FL 33065  
Home Phone: — Cell Phone: 954-675-0450  
Email: gene@furmaninsurance.com Fax: 954-942-5304

**Business Information:**

Employer/Business Name: FRANK H. FURMAN, INC.  
Current Position / Occupation: AGENT  
Business Address: 1314 E. ATLANTIC BLVD  
City/State/Zip: POMPANO BEACH, FL 33060  
Business Phone: 954-861-3461 Fax: 954-942-5304 Email: gene@furmaninsurance.com

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: NONE

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

Affordable Housing	Cultural Arts	Parks and Recreation
Air Park	Education	*Planning & Zoning/Local Planning Agency
Architectural Appearance	Emergency Medical Services	*Police & Firefighter's Retirement System
Nuisance Abatement Board	*Employee's Board of Appeals	Pompano Beach Economic Development Council
Charter Amendment	Employee's Health Insurance	Public Art Committee
Community Appearance	*General Employee's Retirement System	Recycling & Solid Waste
*Community Development(CDAC)	X Golf	Sand & Spurs Riding Stables
CRA East	Historic Preservation	Marine
CRA West	*Housing Authority of Pompano Beach	*Unsafe Structures
		*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: BACHELOR'S DEGREE IN BUSINESS ADMINISTRATION FROM  
FLORIDA ATLANTIC UNIVERSITY

Experience: INSURANCE AGENT FOR 45 YEARS IN POMPAER BEACH AND  
CORAL SPRINGS AREA.

Past Positions: CURRENT PRESIDENT OF THE ROTARY CLUB OF POMPAER  
BEACH, PAST PRESIDENT OF THE INDEPENDENT INSURANCE AGENTS OF  
BROWARD COUNTY

Hobbies: GOLF

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

Signature: Gene Pridmore

Date: 7/12/17

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

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

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.



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ADVISORY BOARD / COMMITTEE APPLICATION

CITY OF POMPANO BEACH  
OFFICE OF THE CITY CLERK

2012 NOV 16 AM 7:38

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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: \_\_\_\_\_

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

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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:

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input checked="" type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input checked="" 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 checked="" type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> *Community Development	<input checked="" type="checkbox"/> Golf	<input type="checkbox"/> Sand & Spurs Riding Stables
<input checked="" 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: \_\_\_\_\_

— SEE PRIOR APPLICATION —

Experience: \_\_\_\_\_

Past Positions: \_\_\_\_\_

Hobbies: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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