

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90005 016 ****70.00

DOCUMENT # **715412**

1. Entity Name

TAVERNIER VOLUNTEER FIRE DEPARTMENT AND AMBULANC

(Handwritten mark)

Principal Place of Business

Mailing Address

151 MARINE AVENUE
 POST OFFICE BOX 301
 TAVERNIER FL 33070

151 MARINE AVENUE
 POST OFFICE BOX 301
 TAVERNIER FL 33070

00061855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7155875

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

BOCK, DONALD
 151 MARINE AVE/P O BOX 301
 189 OCEAN DR
 TAVERNIER FL 33070

Name **BOCK, DONALD**
 Street Address (P.O. Box Number is Not Acceptable)
197 OCEAN DR. / PO Box 295
 City **TAVERNIER** FL Zip Code **33070**

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 *Donald Bock*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/11/01**

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VD MCPEAK, ROBERT 194 CORAL AVE. TAVERNIER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRURY, DANIEL 140 PEARL AVE TAVERNIER FL 33070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCK, DONALD 189 OCEAN DRIVE TAVERNIER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTNER, KEITH 139 CASA CT. KEY LARGO FL 33037	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANKS, JEANETTE 130 CORAL AVE TAVERNIER FL 33070	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROBEL, THOMAS 167 CORAL RD TAVERNIER FL 33070	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, BENEDICTO 135 PACIFIC AVE TAVERNIER FL 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCK, DONALD 197 OCEAN DR / PO Box 295 TAVERNIER FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTH, GEORGE 139 CASA CT KEY LARGO FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLEY, ROBERT 126 PACIFIC AVE TAVERNIER FL 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLEY, ROBERT 126 PACIFIC AVE TAVERNIER FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald Bock* **REQUIRE PRESIDENT**

8/11/01

305-393-2403

CP2E037 (5/01)