

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715486

1. Entity Name

THE PENSACOLA BEACH VOLUNTEER FIRE DEPARTMENT, I

FILED

00 MAR 10 AM 9:21

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

901 VIA DE LUNA DR
PENSACOLA BEACH FL 32561

901 VIA DE LUNA DR
PENSACOLA BEACH FL 32561-2261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2405009

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MC CLEARY, BARRY
3 WEST GARDEN STREET
SUITE 380
PENSACOLA FL 32501

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 SIMS, CHAD
STREET ADDRESS 901 VIA DE LONA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE SD Change Addition
NAME SCHROEDER, LISA
STREET ADDRESS 2829 VENETIAN GARDEN
CITY-ST-ZIP GULF BAYSIDE, FL. 32561

TITLE D Delete
NAME DUKE, TONYA
STREET ADDRESS 1700 VIA DE LUNA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE VP D Change Addition
NAME BARRY MC CLEARY
STREET ADDRESS 3 WEST GARDEN ST.
CITY-ST-ZIP PENSACOLA, FL. 32501

TITLE TD Delete
NAME SPRING, STANLEY A
STREET ADDRESS 1110 VIA DE LONA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE Change Addition
NAME 500003178255--5
STREET ADDRESS -03/21/00--01096--022
CITY-ST-ZIP *****61.25 *****61.25

TITLE D Delete
NAME LANDRY, KIM MD
STREET ADDRESS 1005 VIA DE LUNA DRIVE
CITY-ST-ZIP PENSACOLA BEACH FL 32561

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SPRING, STANLEY A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000 (860) 932-7386
Date Daytime Phone #

CR2E037 (9/99)