

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State
 08-09-2000 90077 028 ****61.25

DOCUMENT # 720541

1. Entity Name
ORMOND BY THE SEA FIREFIGHTERS, INC.

Principal Place of Business 100 N ATLANTIC AVE ORMOND BEACH FL 32176-3201	Mailing Address 100 N ATLANTIC AVE ORMOND BEACH FL 32176-3201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2632895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Yochum, Mary
 100 N ATLANTIC AVE
 ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

TITLE NAME VD WALKER, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12 KATHY DR	
CITY-ST-ZIP ORMOND BEACH FL	
TITLE NAME PD HOLMBERG, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS 273 CONE ROAD	
CITY-ST-ZIP ORMOND BEACH FL	
TITLE NAME SD YOCHUM, MARY L	<input type="checkbox"/> Delete
STREET ADDRESS 10 POINSETTIA DRIVE	
CITY-ST-ZIP ORMOND BEACH FL	
TITLE NAME TD RYAN, WILLIAM O	<input type="checkbox"/> Delete
STREET ADDRESS 20 BROOKS DR.	
CITY-ST-ZIP ORMOND BCH FL 32176	
TITLE NAME VD CRAWFORD, WILSON P	<input type="checkbox"/> Delete
STREET ADDRESS 14 ISLAND CAY DR.	
CITY-ST-ZIP ORMOND BCH FL 32176	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARY L. YOCHUM 7/31/00 904-441-2020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)