

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90245 027 ****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

CU051574



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

59-2632895

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

YOCHUM, MARY
100 N ATLANTIC AVE
ORMOND BEACH FL 32176

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 Delete
 NAME **PD HOLMBERG, THOMAS**
 STREET ADDRESS ~~273 GONE ROAD~~
 CITY-ST-ZIP ~~ORMOND BEACH FL~~

TITLE Change Addition
 NAME
 STREET ADDRESS **106 LUNA CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Delete
 NAME **SD YOCHUM, MARY L**
 STREET ADDRESS **10 POINSETTIA DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~TD RYAN, WILLIAM O~~
 STREET ADDRESS ~~20 BROOKS DR.~~
 CITY-ST-ZIP ~~ORMOND BCH FL 32176~~

TITLE Change Addition
 NAME **TD TYLER, STEPHEN**
 STREET ADDRESS **1 WISTERIA DRIVE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE Delete
 NAME **VD CRAWFORD, WILSON P**
 STREET ADDRESS **14 ISLAND CAY DR.**
 CITY-ST-ZIP **ORMOND BCH FL 32176**

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

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* **MARY L. YOCHUM** 4/15/01 / 386 / 441-2020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)