

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90266 029 ****61.25

DOCUMENT # 720541

1. Entity Name

ORMOND BY THE SEA FIREFIGHTERS, INC.

Principal Place of Business

Mailing Address

**100 N ATLANTIC AVE
 ORMOND BEACH FL 32176-3201**

**100 N ATLANTIC AVE
 ORMOND BEACH FL 32176-3201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2632895

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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 PD
 NAME HOLMBERG, THOMAS Delete
 STREET ADDRESS 108 LUNA CIRCLE
 CITY-ST-ZIP ORMOND BEACH FL 32174~~

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

TITLE SD Delete
 NAME 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 TD
 NAME TYLER, STEPHEN Delete
 STREET ADDRESS 1 WISTERIA DRIVE
 CITY-ST-ZIP ORMOND BCH FL 32176~~

TITLE TD Change Addition
 NAME MICHAEL BRASOL
 STREET ADDRESS 1228 10TH STREET
 CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE VD Delete
 NAME 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

986-441-2020

4/6/02

Date Daytime Phone #

CR2E037 (9/01)