

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90095 040 ****70.00

C0012810



DO NOT WRITE IN THIS SPACE

DOCUMENT # 723561

1. Entity Name
THOMAS DRIVE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 3928 HOLIDAY DR. PANAMA CITY BEACH FL 32408-6063	Mailing Address 3928 HOLIDAY DR. PANAMA CITY BEACH FL 32408-6063
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7322380		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
STOPKA, BOB 134 BOCA LAGOON DR PANAMA CITY BEACH FL 32408				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 Bob Stopka Bob Stopka Treasurer 1-24-2000
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD WALKER, FRED STREET ADDRESS 3928 HOLIDAY DR. CITY-ST-ZIP PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete	TITLE NAME PD TIM MCGARRY STREET ADDRESS 3928 HOLIDAY DR. CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD FOY, BRIAN STREET ADDRESS 3928 HOLIDAY DR CITY-ST-ZIP PCB FL 32408	<input type="checkbox"/> Delete	TITLE NAME VD JOEL MILLER STREET ADDRESS 3928 HOLIDAY DR. CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD PATTERSON, SUSAN STREET ADDRESS 3928 HOLIDAY DR CITY-ST-ZIP PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete	TITLE NAME SD FRED WALKER STREET ADDRESS 3928 HOLIDAY DR. CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD STOPKA, BOB STREET ADDRESS 134 BOCA LAGOON DR CITY-ST-ZIP PANAMA CITY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MILLER, JOEL STREET ADDRESS 3928 HOLIDAY DR CITY-ST-ZIP PANAMA CITY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME D SUSAN PATTERSON STREET ADDRESS 3928 HOLIDAY DR. CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D PATTERSON, WARREN STREET ADDRESS 3928 HOLIDAY DRIVE CITY-ST-ZIP PANAMA CITY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: WARREN G. PATTERSON Warren G. Patterson 1-19-00 850-234-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)