## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED**

DOCUMENT # 723561  1. Entity Name THOMAS DRIVE VOLUNTEER FIRE DEPARTMENT, INC.						Jan 03, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address			-					
PANAMA CITY BEACH FL 324086063		PANAMA CITY BEACH 324086063	FL							
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State				4. FEI Number Applied For 23-7322380 Not Applicable				
Zip	Country Zip		Cou	intry	1.5	of Status Desired	X	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered			
					Name					
					BOB STOPKA Street Address (P.O. Box Number is Not Acceptable)					
134 BOCA L	AGOON DR				CA LAGOON DR	er is Not Acceptable)			-	
PANAMA CI		L								
32408 US				City	ty NAMA CITY BEACH  FL Zip Code 32408					
SIGNATURE _	ROBERT J. STOPKA Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: : Registere	d Agent signate	ure required when reinstating)		01/03 DATE	3/2001		
	FEE IS \$61.25	9. Election Campaign Trust Fund Contribu		ng 🗆	\$5.00 May Be Added to Fees			Payable to		
10.	OFFICERS AND DIE		11.		ADDITIONS/CH	ANGES TO OFFICERS	AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS	D PATTERSON WARREN 3928 HOLIDAY DRIVE	☐ Delete	1	ET ADDRESS	3928 HOLIDAY DRIV			Change	☐ Addition	
CITY-ST-ZIP	PANAMA CITY BEACH	FL	-	-ST-ZIP	PANAMA CITY BEAC	CH	FL	32408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON SUSAN 3928 HOLIDAY DR PANAMA CITY BEACH	□ Delete FL			D OLLO RICH 3928 HOLIDAY DR PANAMA CITY BEAC	SH .	FL	<b>∑</b> i Change 32408	☐ Addition	
TITLE NAME STREET ADDRESS	TD STOPKA, BOB 134 BOCA LAGOON DR	☐ Delete	TITL NAM STRI		TD STOPKA, BOB 134 BOCA LAGOON	DR		X Change	☐ Addition	
CITY-ST-ZIP	PANAMA CITY BEACH	$\mathbf{FL}$	CITY	-ST-ZIP	PANAMA CITÝ BEAC	н	$\mathbf{FL}$	32408		
TITLE NAME STREET ADDRESS	SD WALKER FRED 3928 HOLIDAY DR	☐ Delete	titl Nam Stri		SD PATTERSON SU 3928 HOLIDAY DR	HOLIDAY DR		X Change	☐ Addition	
CITY-ST-ZIP	PANAMA CITY BEACH	FL 32408	CITY	'-ST-ZIP	PANAMA CITY BEAC	CH .	FL	32408		
TITLE NAME STREET ADDRESS	VD MILLER JOEL 3928 HOLIDAY DR	☐ Delete		ie Eet address	VD SURPRISE COY 3928 HOLIDAY DR	7		X Change	☐ Addition	
CITY-ST-ZIP	PCB	FL 32408	CITY	'-ST-ZIP	PCB		FL	32408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARRY TIM 3928 HOLIDAY DR. PANAMA CITY BEACH	FL 32408	cm	ie Eet address '-st-zip		-		☐ Change	☐ Addition	

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: ROBERT J. STOPKA

TREA

01/03/2001