

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90028 023 \*\*\*\*61.25

**DOCUMENT # 731032**

1. Entity Name

**OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.**

Principal Place of Business

Mailing Address

100 ANCHOR DRIVE  
 KEY LARGO FL 33037  
 US

100 ANCHOR DRIVE  
 #510  
 KEY LARGO FL 33037-5277  
 US

2. Principal Place of Business

24 Dockside Lane

3. Mailing Address

24 Dockside Lane

Suite, Apt. #, etc.  
 PMB 505

Suite, Apt. #, etc.  
 PMB 505

City & State

Key Largo, Florida

City & State

Key Largo, Florida

4. FEI Number

23-7411790

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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 **D**  Delete  
 NAME **MCCLEMENTS JR, ROBERT**  
 STREET ADDRESS **31 CARDINAL LANE**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **VCD**  Change  Addition  
 NAME **McClements, Robert Jr.**  
 STREET ADDRESS **31 Cardinal Lane**  
 CITY-ST-ZIP **Key Largo, Florida 33037**

TITLE **D**  Delete  
 NAME **DI SABATINO, EUGENE D.**  
 STREET ADDRESS **24 THATCCH PALM WAY**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VCD**  Delete  
 NAME **SHIELDS, PETER F**  
 STREET ADDRESS **15 SUNRISE CAY DRIVE**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **CD**  Change  Addition  
 NAME **Shields, Peter F.**  
 STREET ADDRESS **15 Sunrise Cay Drive**  
 CITY-ST-ZIP **Key Largo, Florida 33037**

TITLE **CD**  Delete  
 NAME **DAVIDSON, THOMAS N.**  
 STREET ADDRESS **29 CARDINAL LANE**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **D**  Change  Addition  
 NAME **Richard Miller**  
 STREET ADDRESS **9 Bay Ridge Road**  
 CITY-ST-ZIP **Key Largo, FL 33037**

TITLE **SD**  Delete  
 NAME **DAWSON, RUTH**  
 STREET ADDRESS **65 TARPON LANE**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **RITZ, DAVID C**  
 STREET ADDRESS **31 OCEAN REEF DR**  
 CITY-ST-ZIP **KEY LARGO FL**

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: *David C. Ritz* **David C. Ritz, President 1/31/2000 (305) 367-3067**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)