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2000 UNIFORM BUSINESS REPORT (UBR)

Jul 21, 2000 8:00 am Secretary of State **DOCUMENT # N17183** 05-31-2000 90059 023 ****70 00 PETERS ROAD VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address % CHARLES J. UNO JR. % CHARLES L. LIRIG JR 2200 SW 46TH AVENUE 2200 SW 46TH AVENUE FT. LAUDERDALE FL 33317-6620 FT. LAUDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1823954 Not Applicable **\$8.75** Additional Zip Country Country 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Street Address URIG, CHARLES JOSEPH JR. 1219 S.W. 31ST STREET FT. LAUDERDALE FL 33315 PLANTATION 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. REASUREL 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition TITLE PRESIDENT Change TITLE DP ☐ Delete NAME John McCon NAME CROTTY, DON, SR. STREET ADDRESS STREET ADDRESS 2330 SW 42ND TERRACE 2341 SW CITY-ST-ZIP CITY-ST-ZIP FT, LAUDERDALE FL 33317 Change ☐ Addition ☐ Delete TITLE TITLE DVP SW 13 ST MCCOY, JOHN NAME STREET ADDRESS STREET ADDRESS 2341 SW 42ND TERRACE CITY ST ZIP CITY-ST-ZIP" FT. LAUDERDALE FL 33317 Change ☐ Addition TITLE ☐ Delate TITLE NAME NAME URIG, CHARLES, JR STREET ADDRESS STREET ADDRESS 1219 SW 31ST STREET CITY-ST-ZIP CITY - ST - 7/P FT. LAUDERDALE FL 33315 Charge ☐ Addition TITLE Delete TITLE NAME BAMY H. STEARNS LAFRANCOIS, BILL: -NAME STREET ADDRESS STREET ADDRESS 2360 SW 42 TERR CITY-ST-ZIP CITY-ST-70P FT LAUDERDALE FL 33317 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE . Change ☐ Addition Delete NAME NAME STREET ADDRESS 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR