

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 26 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N17183*

1. Entity Name  
*PETERS ROAD VOLUNTEER  
FIRE DEPARTMENT INC.*

**DO NOT WRITE IN THIS SPACE**

500006825055--9  
-08/01/02--01003--016  
\*\*\*\*297.50 \*\*\*\*297.50

**REINSTATEMENT 01-02**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2200 SW 46 AVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>5201 SW 4 ST</i> Suite, Apt. #, etc.	
City & State <i>FT. LAUD. FL</i>		City & State <i>PLANTATION FL</i>	
Zip <i>33317</i>	Country <i>US</i>	Zip <i>33317</i>	Country <i>US</i>

4. FEI Number <i>59-1823954</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>BARRY STEARNS</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>5201 SW 4 ST</i>	
City <i>PLANTATION</i>	FL Zip Code <i>33317</i>

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]* DATE *7/18/2*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25  
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MDP E. LAMB STEARNS 5581 SW 13 ST, PLANTATION, FL 33317</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MVP Tim Crotty 3360 NW 97 TER, Sunrise, FL 33351</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DS Charles Urig 1219 SW 31 ST FT LAUD, FL 33315</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DT Barry H STEARNS 5201 SW 4 ST, PLANTATION, FL 33317</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *7/18/2* Daytime Phone # *954-553-6544*  
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILING OR RECORDING OF DOCUMENTS**

Date: 7-10-02 Our File No.: \_\_\_\_\_

Re: Reinstatement of East Lake 2000, Inc.

The following document(s) are enclosed for:

- Filing  Recording with your office.
- Application for Reinstatement

- Please return file-marked copies to us.
- Please enter date of filing and return this form to us by \_\_\_\_\_ 19\_\_\_\_
- Charge our account for fees.
- Check enclosed to cover fees, \$ 297.50

Department of State  
 Division of Corporations  
 TO P.O. Box 6327  
 Tallahassee, FL 32314

KUTCHINS & BISHOP, P.A.  
 ATTORNEYS & COUNSELORS AT LAW  
 3974 TAMPA ROAD  
 P.O. BOX 1063  
 OLDSMAR, FLORIDA 34677  
 (813) 855-4663