

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44718

1. Entity Name

JENSEN BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

150 NE SAMARITAN ST  
JENSEN BEACH FL 34957  
US

P.O. BOX 223  
JENSEN BEACH FL 34958-0223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2702139

Applied For

Not Applicable

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

WALTER CAROL  
20 W FIFTH STREET  
STUART FL 34994  
561-283-2392  
TONY CASCIO CPA  
20 W 5TH ST  
STUART FL 34994  
561-283-2392

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date (if applicable)

Signature, typed or printed name of registered agent and date (if applicable)

DATE

After September 13, 2002,  
min. will be \$236.25.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GIANNINI, VITO<br>2548 NE WILDA ST.<br>JENSEN BEACH FL               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAHONEY, SAN<br>1430 NE CHARDER ST<br>JENSEN BEACH FL 34957          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROTHE, WALTER<br>201 SW PARISH TERR<br>PORT ST LUCIE FL 34988        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BERKUTA, SARAH<br>2731 NE SAVANNAH RD<br>JENSEN BEACH FL 34957       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC.<br>WOOHEY, LAURA<br>11435 E O'DONNELL LANE<br>PORT ST LUCIE FL 34983 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SCOTT, JOHN R<br>1155 NE TERRANCE WAY<br>JENSEN BEACH FL 34957       | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                             |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CHIEF + PRES.<br>JAMES B TAYLOR<br>2469 NE 18th LN<br>JENSEN BEACH FL 34957 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>KEITH THOMAS<br>JENSEN BEACH FL 34957                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

SIGNATURE REQUIRED

Date

Daytime Phone #

7/8/02 222-334-2220

FILED  
Jul 31, 2002 8:00 am  
Secretary of State

04-04-2002 90014 024 \*\*\*\*70.00

40294



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

Attachment

40294

#N44718



Attachment +  
Book N44718  
**Signature**

"you have our  
name on it"

Sir or Madam

This was.

filed a old  
changes made  
you seen to  
have lost it,  
but did cost  
check. For 2nd  
letter was also  
processed