

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 12, 2000 8:00 am
Secretary of State

04-12-2000 90152 025 ****61.25

DOCUMENT # 740077

1. Entity Name

SATELLITE BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1390 SOUTH PATRICK DRIVE
SATELLITE BCH. FL 32937

Mailing Address

1390 SOUTH PATRICK DRIVE
SATELLITE BCH. FL 32937-4380

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

59-1910783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDBERG, JEFFREY
311 WILSON AVE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, JEFFREY	
STREET ADDRESS	311 WILSON AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, STEVEN	
STREET ADDRESS	230 CASSIA BLVD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAHER, SARA	
STREET ADDRESS	308 GLENWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, BRANDY	
STREET ADDRESS	156 PALMETTO AVENUE, #20	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCOCK, STEVEN	
STREET ADDRESS	130 NE 3rd St.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ty Tabata	
STREET ADDRESS	155 Satellite Ave	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldberg, Jeffrey	
STREET ADDRESS	311 Wilson Ave	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey I. Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

321 799-5911

Date

Daytime Phone #