

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010603

Entity Name: FALLEN FIRST RESERVE, INC.

Current Principal Place of Business:

5850 BAHIA WAY SOUTH
ST PETE BEACH, FL 33706

Current Mailing Address:

5850 BAHIA WAY SOUTH
ST PETE BEACH, FL 33706 US

FEI Number: 85-3129772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, DAVID A
225 EAST LEMON STREET STE 300
LAKELAND, FL 33801 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D, PRESIDENT
Name WEINSTEIN, MITCHELL
Address 5850 BAHIA WAY SOUTH
City-State-Zip: ST PETE BEACH FL 33706

Title D, VP
Name DARCEY, KEVIN
Address 11 DORY LANE
City-State-Zip: MASSAPEQUA NY 11758

Title D, SECRETARY
Name LALUNA, MICHAEL
Address 2009 DECKER AVENUE
City-State-Zip: MERRICK NY 11566

Title D, CHAIRMAN
Name GARLAND, ROBERT
Address 55 SANDY LANE
City-State-Zip: MASSAPEQUA NY 11758

Title D
Name EICHHORN, JOHN
Address 141 RIDGE LVD
City-State-Zip: DELAND FL 32724

Title D
Name REAGIN, ASHTON
Address 128 ROUGHLEAF TRAIL
City-State-Zip: HAMPSTEAD NC 28443

Title DIRECTOR
Name MILLER, DAVID A
Address 225 EAST LEMON STREET
SUITE 300
City-State-Zip: LAKELAND FL 33801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A MILLER

DIRECTOR

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date