

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 31, 2001 08:00 AM****Secretary of State****DOCUMENT # 700529****1. Entity Name****BELLVIEW VOLUNTEER FIREMEN'S ASSOCIATION, INCORPORATED****Principal Place of Business**

4701 MAYWOOD AVE

PENSACOLA
325261134

FL

Mailing Address

4701 MAYWOOD AVE

PENSACOLA
325261134

FL

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**59-2347283**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**LANDY JAMES
6717 BELLEVIEW PINES PLACE

PENSACOLA

32526

FL

US

7. Name and Address of New Registered Agent

Name

CANAVELLO ROBERT

Street Address (P.O. Box Number is Not Acceptable)
5765 TALQUIN AVENUECity
PENSACOLA

FL

Zip Code
32526**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 **ROBERT CANAVELLO****05/31/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE LINDA		NAME	THOMPSON CLIFF	
STREET ADDRESS	4920 LA VENTANA CIR		STREET ADDRESS	6210 FOREST PINES DR	
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIER PAMELA		NAME		
STREET ADDRESS	3065 PARTRIDGE TR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANAVELLO ROBERT		NAME	COTE LINDA D	
STREET ADDRESS	5765 TALQUIN AVENUE		STREET ADDRESS	4920 LA VENTANA CIR	
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYNOR SHANA		NAME	GREEN REGINA	
STREET ADDRESS	248 FENNEL ST		STREET ADDRESS	5403 CHARBAR DR	
CITY-ST-ZIP	PENSACOLA FL 32505		CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDY PAMELA		NAME		
STREET ADDRESS	6717 BELLEVIEW PINES PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVEY ALFRED JR		NAME		
STREET ADDRESS	7120 MOORE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		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)(f), 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: LINDA D COTE**

T

05/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)