2000 UNIFORM BUSINESS REPORT (UBR)

DOGUMENT # 701226					SECRETARY OF STATE OVISION OF CORPORATIONS			
THE CONCH KEY VOLUNTEER FIRE DEPARTMENT AND RESC								
Principal Plac	ce of Business	Mailing Address			•	00 NOV -9 PM	3:42	
10 SOUTH CO	and the second s	10 SOUTH CONCH AVE.	,		<u> </u>			
MARATHON F		MARATHON FL 33050	·	,				
2. Principal P	Place of Business	3. Mailing Address						
District And Heading								
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			REIN	SPATEIN	HIS RPACE	W
City & State		City & State		4. FEI Number	65-0383792) 	oplied For ot Applicable	
Zip	Country	Zip	Country	_=	, 5 .≂Certificate c	f Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent				Address of New Registe		
			Nar	me 970	eve Di	rew		
TURNER, LISA			Stre	Street Address (P.O. Box Number is Not Acceptable)				
990 83RD				680a	o over	seas Hwy	PAPI-	<u> </u>
MARATHO	ON FL 33050		City	. ,			- Zin Cod	
			City	Long	Key		FL 330	0/
SIGNATURE .	e named entity submits this statement f	her		-	· · · · · · · · · · · · · · · · · · ·	8/0	29/00 DATE	
	Signature, typed of printed harrie or registered agen	it and the it applicable. (NOTE.	: Hegistered Agent	signature required	when reinstaurig)	, L	DATE	
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2. I hereby certify that the information supplied with this filing does not qualify by 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 may 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 embowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00