

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90001 014 \*\*\*\*61.25

DOCUMENT # 702153

1. Entity Name

EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC

Principal Place of Business

Mailing Address

1805 SOUTH RIDGEWOOD AVENUE  
EDGEWATER FL 32132

P.O. BOX 1027  
EDGEWATER FL 32132-1027

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 59-1918051

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BARLOW, GEORGE  
1792 PERSIMMON CIRCLE  
EDGEWATER FL 32132

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 copied or omitted 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHEARER, CARMEL	3020 MANGO TREE DR	EDGEWATER FL 32141	<input type="checkbox"/>
VD	HAYES, MICHAEL	3418 VICTORY PALM DR	EDGEWATER FL 32141	<input type="checkbox"/>
SD	LEWIS, SHELLIE	3020 MANGO TREE DRIVE	EDGEWATER FL 32141	<input type="checkbox"/>
D	BARLOW, TRACEY D	2004 QUEEN PALM DR	EDGEWATER FL 32141	<input type="checkbox"/>
D	JONES, GERALD	2620 PINE TREE DR	EDGEWATER FL 32141	<input checked="" type="checkbox"/>
TD	HAYWARD, TAMMY	1307 36TH ST	EDGEWATER FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	George Barlow	1792 Persimmon Circle	Edgewater, FL 32132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Tammy Hayward	1648 Air Park Rd.	Edgewater, FL 32132	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: CARMEL SHEARER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-409-3333

CR2E037 (9/99)