

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90050 008 *****70.00

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1. Entity Name

EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC



Principal Place of Business

**1605 SOUTH RIDGEWOOD AVENUE
EDGEWATER FL 32132**

Mailing Address

**P.O. BOX 1027
EDGEWATER FL 32132**

2. Principal Place of Business

2616 Hibiscus Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

EDGEWATER FL

Zip

32141

Country

U.S.

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

**BARLOW, GEORGE
1792 PERSIMMON CIRCLE
EDGEWATER FL 32132**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COUSINS, STEVE**
STREET ADDRESS **2504 MANGO TREE DRIVE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **VD** ☐ Delete
NAME **HAYES, MIKE**
STREET ADDRESS **3418 UMBRELLA TACE DR**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **SD** ☐ Delete
NAME **BARLOW, KIM**
STREET ADDRESS **2936 UNITY TREE DRIVE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **TD** ☐ Delete
NAME **NEWELL, DAVID**
STREET ADDRESS **3116 LIME TREE DR**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☐ Delete
NAME **BARLOW, GEORGE**
STREET ADDRESS **1792 PERSIMMON CIRCLE**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☐ Delete
NAME **SEYMOUR, DAVE**
STREET ADDRESS **1413 PALMETTO STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VD ☒ Change ☐ Addition
NAME **Mike Hayes**
STREET ADDRESS **3206 India Palm Drive**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **DAVID NEWELL (Treasurer)** 1/17/03 386 424-2445

CR2E037 (10/02)