

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90032 015 ****70.00

DOCUMENT # 702931

1. Entity Name

WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.

P

00081386



DO NOT WRITE IN THIS SPACE

Principal Place of Business 109 NW PINE ST WEST MELBOURNE FL 32904 US	Mailing Address 109 NW PINE ST WEST MELBOURNE FL 32904 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2412390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARID, BRIAN
816 W. CENTRAL BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: Brian Hand
Street Address (P.O. Box Number is Not Acceptable):
2165 McCoim Ln
City: Melbor FL Zip Code: 32950

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: Brian Hand (last name misspelled & Address) 8-22-00
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 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SETTY, JAMES 265 NEMO CIRCLE PALM BAY FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARK P.O. BOX 3175 MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAND, BRIAN 816 W CENTRAL BLVD MELBOURNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEAR, SCOTT 542 WILDWOOD AVENUE S.W. PALM BAY FL 32908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT 2350 DELAWARE DR MELBOURNE FL 32435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, KEITH 2801 ALBEMARLE ST MELBOURNE FL 32901 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Smith Robert 8350 DELAWARE DR MELBOURNE, FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davidson, Paul 996 Canton St NW Palm Bcy, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodriguez mark PO Box 3175 Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sanderberg nicolas 411 DANIEL DR. WEST MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hand Brian 2165 McCoim Ln Melbor, FL 32950 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S matterson william 225 CONSOLATA AVE Palm Bcy, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Brian Hand (321) 952-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)