2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am DOCUMENT # 702931 Secretary of State 1. Entity Name WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT. INC. 03-14-2001 90469 049 ****70.00 Principal Place of Business Mailing Address 109 NW PINE ST 109 NW PINE ST WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2412390 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 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) HAND, BRIAN 2165 MCCAIN LN MALABAR FL 32950 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DC TITLE Delete TITLE Change Addition Seul Devidson NAME SMITH, ROBERT NAME 996 Centon St. NW STREET ADDRESS 2350 DELAWARE DR STREET ADDRESS Pelin Bey, He. 32907 CITY-ST-ZIP **MELBOURNE FL 32435** CITY-ST-ZIP Delete TITLE Change & Addition NAME RODRIGUEZ, MARK Jason terreri NAME STREET ADDRESS 1026 LEE Ward PL C2 P.O. BOX 3175 STREET ADDRESS CITY ST. 7IP MElbourne, 713:32935 MELBOURNE FL 32901 CITY-ST-ZIF PD TITLE Delete Change TITLE ☐ Addition Mark Rodribuez NAME HAND, BRIAN NAME 865 Orange Blossom DR. STREET ADDRESS 816 W CENTRAL BLVD STREET ADDRESS MELOURNE 48. 32935 CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL Delete TITLE TITLE Change Addition Robert Smith 2350 Delware DR. SANDERBERG, NICOLAS NAME NAME STREET ADDRESS 411 DANIEL DR STREET ADDRESS CITY-ST-ZIP MElbourne 8t 32435 CITY-ST-ZIP **MELBOURNE FL 32904** Delete Change TITLE ☐ Addition Brian Hand 2165 m CainLN NAME SMITH, ROBERT NAME STREET ADDRESS 2350 DELAWARE DR STREET ADDRESS CITY-ST-ZIP malaber 712.32950 MELBOURNE FL 32435 CITY-ST-7IP Delete TITLE TITLE NAME MATTERSON, WILLIAM methew yost NAME 3151 S. Babcock SY

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 empow

STREET ADDRESS

Melbourne

CITY-ST-ZIP

SIGNATURE:

225 CONSOLATA AVE

PALM BAY FL 32907

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR