

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90113 035 \*\*\*\*70.00

**DOCUMENT # 702931**

1. Entity Name

**WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

109 NW PINE ST  
 WEST MELBOURNE FL 32904  
 US

109 NW PINE ST  
 WEST MELBOURNE FL 32904  
 US

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

**59-2412390**

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

**HAND, BRIAN**  
**2165 MCCAIN LN**  
**MALABAR FL 32950**

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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	PD DAVIDSON, PAUL 996 CANTON STREET NW PALM BAY FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Change</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TERRERI, JASON 1026 LEEWARD PLACE C-2 MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STEVE N. Roberts</i> <i>1322 Carr. Cr.</i> <i>Palm BAY FL 32905</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARK 865 ORANGE BLOSSOM DRIVE MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Change</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT 2350 DELWARE DRIVE MELBOURNE FL 32435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Change</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAND, BRIAN 2165 MCCAIN LANE MALABAR FL 32950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Change</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOST, MATTHEW 3151 S BABCOCK STREET APT 86 MELBOURNE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Richard Gibson</i> <i>180 Rocket LN #99</i> <i>W. Melbourne FL 32904</i>	<input checked="" 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-10-02 9524505*

CR2E037 (4/02)