

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

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90023 022 \*\*\*\*\*70.00

**DOCUMENT # 702931**

1. Entity Name

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



Principal Place of Business

109 NW PINE ST  
WEST MELBOURNE FL 32904  
US

Mailing Address

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**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Paul Davidson**

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

**996 CANTON ST NW**

City

**Palm Bay**

FL

Zip Code

**32907**

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

*Paul Davidson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/2/03**

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 **DAVIDSON, PAUL**  
STREET ADDRESS **996 CANTON STREET NW**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **DC** ☐ Delete  
NAME **ROBERTS, STEVE N**  
STREET ADDRESS **1322 CARR CR**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☒ Delete  
NAME **RODRIGUEZ, MARK**  
STREET ADDRESS **865 ORANGE BLOSSOM DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Delete  
NAME **SMITH, ROBERT**  
STREET ADDRESS **2350 DELWARE DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32435**

TITLE **T** ☐ Delete  
NAME **HAND, BRIAN**  
STREET ADDRESS **2165 MCCAIN LANE**  
CITY-ST-ZIP **MALABAR FL 32950**

TITLE **S** ☒ Delete  
NAME **GIBSON, RICHARD**  
STREET ADDRESS **180 ROCKET LN #99**  
CITY-ST-ZIP **MELBOURNE FL 32904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **ERIC KOHLMAN**  
CITY-ST-ZIP **4590-2 Becklake Trail**  
**MELBOURNE, FL 32901**

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

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

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Chris Thomas**  
CITY-ST-ZIP **1809 Guava Ave**  
**MELBOURNE, FL 32935**

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:

*Paul Davidson*

**3/2/03**

CR2E037 (10/02)