

DOCUMENT # 704269

1. Entity Name

ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATI

Principal Place of Business

Mailing Address

370 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084

370 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084

2. Principal Place of Business

3. Mailing Address

ST Augustine B.C.H. Fire Dept.

370 A1A Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

370 A1A Beach Blvd.

City & State

City & State

St. Augustine Beach, FL

St. Augustine, FL

Zip

Country

Zip

Country

32080

USA

32080

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLSTROM, ERIC  
370 A1A BEACH BLVD.  
ST. AUGUSTINE FL 32084

Name Shannon Ashley

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

370 A1A Beach Blvd.

City St. Augustine

FL

Zip Code

32080

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 Shannon Ashley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct. 22, 2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 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 P  
NAME CHARLES, FRANK  
STREET ADDRESS 607 11TH ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☒ Delete

TITLE D  
NAME Keith O'K  
STREET ADDRESS 370 Beach Blvd.  
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE V  
NAME YEOMAN, BRIAN  
STREET ADDRESS 370 BEACH BLVD.  
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084 ☒ Delete

TITLE D  
NAME Brian Erb  
STREET ADDRESS 370 Beach Blvd.  
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE S  
NAME LEHMAN, DAN  
STREET ADDRESS 370 BEACH BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☒ Delete

TITLE D  
NAME Brooke Campbell  
STREET ADDRESS 370 Beach Blvd.  
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE T  
NAME TUPONE, STEPHEN  
STREET ADDRESS 370 BEACH BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003508810--3  
-12/20/00--01053--013  
\*\*\*\*236.25 \*\*\*\*236.25 ☐ Change ☐ Addition

TITLE D  
NAME ROSS, MARK  
STREET ADDRESS 112 ISLAND HAMMOCK WAY  
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☒ Delete

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

TITLE D  
NAME MOQUIN, DYLAN  
STREET ADDRESS 370 BEACH BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☒ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-00

Date

471-3096

Daytime Phone #

CR2037 (5/00)