

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90111 034 \*\*\*\*\*70.00

**DOCUMENT # 704269**

1. Entity Name

**ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATI**

Principal Place of Business

ST. AUGUSTINE BCH. FIRE DEPT.  
 370 A1A BEACH BLVD.  
 ST. AUGUSTINE BEACH FL 32080

Mailing Address

370 A1A BEACH BLVD.  
 ST. AUGUSTINE FL 32080

2. Principal Place of Business

St. Augustine BCH. Fire Dept.

3. Mailing Address

370 A1A Beach Blvd.

Suite, Apt. #, etc.

370 A1A Beach Blvd.

Suite, Apt. #, etc.

3

City & State

St. Augustine Beach, Fl

City & State

St. Augustine, Fl

Zip

32080

Country

Zip

32080

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1860326

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Mike Weber

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

Michael F. Weber, Michael F. Weber, Registered Agent 4-6-01  
 Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when relistating) 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OKE, KEITH	
STREET ADDRESS	370 BEACH BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERB, BRIAN	
STREET ADDRESS	370 BEACH BLVD.	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, BROOKE	
STREET ADDRESS	370 BEACH BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	T	<input type="checkbox"/> Delete
NAME	TUPONE, STEPHEN	
STREET ADDRESS	370 BEACH BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Keith Oke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

471-3096

Daytime Phone #

CR2E037 (10/00)