

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704343

1. Entity Name

MICCO VOLUNTEER FIRE DEPARTMENT INC

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90161 006 ****61.25

Principal Place of Business

Mailing Address

301 BAREFOOT BLVD.
SEBASTIAN FL 32976-7420

301 BAREFOOT BLVD.
SEBASTIAN FL 32976-7420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2419082

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCOOL, JOHN
1130 S WATERWAY
MICCO FL 32976

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCCOOL, JOHN	
STREET ADDRESS	1130 S WATERWAY	
CITY-ST-ZIP	MICCO FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	FREGO, FRANK	
STREET ADDRESS	725 E THRUSH	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RATNER, MILTON	
STREET ADDRESS	900 NW CASHW CIR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYSKAMP, RITA	
STREET ADDRESS	403 S SEAGULL	
CITY-ST-ZIP	MICCO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANHOUSEN, CHARLES	
STREET ADDRESS	1116 POCATELLA	
CITY-ST-ZIP	MICCO FL	
TITLE		<input type="checkbox"/> Delete

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)