

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 704343

1. Entity Name
MICCO VOLUNTEER FIRE DEPARTMENT INC

Principal Place of Business Mailing Address
301 BAREFOOT BLVD. **301 BAREFOOT BLVD.**
SEBASTIAN FL 32976-7420 **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 Applied For
59-2419082 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCCOOL, JOHN
1130 S WATERWAY
MICCO FL 32976

7. Name and Address of New Registered Agent
 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 DATE **2-21-00**

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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOOL, JOHN	NAME	
STREET ADDRESS	1130 S WATERWAY	STREET ADDRESS	
CITY-ST-ZIP	MICCO FL	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREGO, FRANK	NAME	
STREET ADDRESS	725 E THRUH	STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, MILTON	NAME	
STREET ADDRESS	900 NW CASHAW CIR	STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYSKAMP, RITA	NAME	
STREET ADDRESS	403 S SEAGULL	STREET ADDRESS	
CITY-ST-ZIP	MICCO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANHOUSEN, CHARLES	NAME	
STREET ADDRESS	1116 POCATELLA	STREET ADDRESS	
CITY-ST-ZIP	MICCO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **2-21-00**

REQUIRED Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)