

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90504 004 \*\*\*\*61.50

31781

**DOCUMENT # 704343**

1. Entity Name

**MICCO VOLUNTEER FIRE DEPARTMENT INC**

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.

DO NOT WRITE IN THIS SPACE

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 NAME  Delete  
**CD MCCOOL, JOHN**  
 STREET ADDRESS **1130 S WATERWAY**  
 CITY-ST-ZIP **MICCO FL**

TITLE NAME  Change  Addition  
**DC Schmidt ANDREW**  
**8481 CHERISH**  
**MICCO, FL 32976**

TITLE NAME  Delete  
**DC FREGO, FRANK**  
 STREET ADDRESS **725 E THRUSH**  
 CITY-ST-ZIP **SEBASTIAN FL**

TITLE NAME  Change  Addition  
**TD RYSKAMP, Rogee**  
**403 S. SEAGULL CIR**  
**BAREFOOT BAY, FL. 32976**

TITLE NAME  Delete  
**TD RATNER, MILTON**  
 STREET ADDRESS **900 NW CASHEW CIR**  
 CITY-ST-ZIP **SEBASTIAN FL**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**D RYSKAMP, RITA**  
 STREET ADDRESS **403 S SEAGULL**  
 CITY-ST-ZIP **MICCO FL**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**D VANHOUSEN, CHARLES**  
 STREET ADDRESS **1116 POCATELLA**  
 CITY-ST-ZIP **MICCO FL**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/20/01 561-664-5539**  
 Date Daytime Phone #

CR2E037 (10/00)