

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90028 026 ****61.25

DOCUMENT # 704343

1. Entity Name

MICCO VOLUNTEER FIRE DEPARTMENT INC



Principal Place of Business

**301 BAREFOOT BLVD.
SEBASTIAN FL 32976-7420**

Mailing Address

**301 BAREFOOT BLVD.
SEBASTIAN FL 32976-7420**

60005175



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2419082**

Applied For

Not Applicable

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 **MCCOOL, JOHN**

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

1282 WATERWAY

City **Micco**

FL

Zip Code

32976

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS **1282 WATERWAY**
CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS **916 THRUSH DR**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME **TD**
STREET ADDRESS **BROWMER, RICHARD**
CITY-ST-ZIP **1018 SEBASTIAN RD
SEBASTIAN FL 32976**

☒ Delete

TITLE
NAME
STREET ADDRESS **BREMER, RICHARD**
CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS **441 PUFFIN DR**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME **DC**
STREET ADDRESS **SCHMIDT, ANDREW**
CITY-ST-ZIP **8471 CHERISH
MICCO F; 32976**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: **Richard W. Bremer** **RICHARD W. BREMER** **1/6/03** **772-664-5883**

CR2E037 (10/02)