

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706429

1. Entity Name

PALM BEACH SHORES VOLUNTEER FIRE DEPARTMENT, INC

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90036 009 ****61.25

Principal Place of Business

Mailing Address

247 EDWARDS LANE
PALM BEACH SHORES FL 33404

247 EDWARDS LANE
PALM BEACH SHORES FL 33404-5718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6002801

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

FAUCI, LARRY
1031 SINGER DRIVE
RIVIERA BEACH FL 33404

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	PD	<input type="checkbox"/> Delete
NAME	SILBER DONALD	
STREET ADDRESS	909 LAKE SHORE DR. APT. #201	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TYLOSKY, CRAIG	
STREET ADDRESS	237 TACOMM LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEREVL, ROBY	
STREET ADDRESS	214 CLAREMONT LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOIHLE, KEN	
STREET ADDRESS	4200 N. OCEAN AVE #101	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIRRO, THOMAS	
STREET ADDRESS	319 SANDAL LN	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Addition
NAME	WALTER, DON	
STREET ADDRESS	334 SANDAL LANE	
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEREVL, ROBY	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)