

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706816

1. Entity Name

SEBASTIAN VOLUNTEER FIRE DEPARTMENT AND RESCUE S

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90053 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1640 US 1  
PO BOX 539  
SEBASTIAN FL 32958

1640 US 1  
PO BOX 539  
SEBASTIAN FL 32958-1604

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MCCOLLUM, NATHAN B.  
1448 LACONIA STREET  
SEBASTIAN FL 32958

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 S ☐ Delete  
NAME SWINGLE, MARY  
STREET ADDRESS 650 SW STEPHENSON AVE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JOHNSON, FLOYD  
STREET ADDRESS 590 FUTCH WAY  
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SWINGLE, JAMES  
STREET ADDRESS 650 SW STEPHENSON AVE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME EAGLE, STEVE  
STREET ADDRESS 131 MELTON AVENUE  
CITY-ST-ZIP SEBASTIAN FL

TITLE ☒ Change ☐ Addition  
NAME D Sam Hooker  
STREET ADDRESS 112 CARDINAL DRIVE  
CITY-ST-ZIP Sebastian, FL 32958

TITLE P ☐ Delete  
NAME JONES, ROGER  
STREET ADDRESS 381 MIDVILLE TERRACE  
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MCCOLLUM, NATHAN  
STREET ADDRESS 1448 LACONIA STREET  
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☐ 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 #