

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706816

1. Entity Name

SEBASTIAN VOLUNTEER FIRE DEPARTMENT AND RESCUE S
QUAD, INC.

Principal Place of Business

Mailing Address

1640 US 1
PO BOX 539
SEBASTIAN FL 32958

1640 US 1
PO BOX 539
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 JAMES F SWINGLE
Street Address (P.O. Box Number is Not Acceptable)
650 STEPHENSON
P.O. Box 280933
City SEBASTIAN FL Zip Code 32958

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

James F Swingle

22 JAN 02

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME Paul Coburn
STREET ADDRESS 633 BARBER ST
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HOOKE, SAM
CITY-ST-ZIP 112 CARDINAL DR
SEBASTIAN FL 32958

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME JAMES SWINGLE
STREET ADDRESS 650 S.W. STEPHENSON
CITY-ST-ZIP SEBASTIAN FL 32958

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:

James F Swingle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 02

Date

(561) 398 5529

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required