

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707225

1. Entity Name

BIG COPPITT VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90171 034 ****70.00

Principal Place of Business

Mailing Address

28 EMERALD DR
KEY WEST FL 33060
US

P O BOX 2292
BOX 2292
KEY WEST FL 33045-2292
US

2. Principal Place of Business

28 Emerald Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key West, Florida

City & State

Zip

Country

33040 US

Zip

Country

4. FEI Number

59-2044521

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, RICK
26 RIVIERA DR.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Timmy M. Leonard

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

1300 8th Street

P.O. Box 5750

City

Key West

FL

Zip Code
33040

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, GEORGE	
STREET ADDRESS	1542C BOWFIN CT	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAIGE, NEDDA	
STREET ADDRESS	25 CALLE UNO	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCO, RICHARD	
STREET ADDRESS	1402 ASHBY ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASELL, TONI	
STREET ADDRESS	1427 BOCA CHICA ROAD	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, ELADIO	
STREET ADDRESS	1-46 8TH AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	HICKMAN, RICK	
STREET ADDRESS	26 RIVIERA DR.	
CITY-ST-ZIP	KEY WEST FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Arden	
STREET ADDRESS	4 B Cactus Drive	
CITY-ST-ZIP	Key West, Florida 33040	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan Johnson	
STREET ADDRESS	2915 Staples Avenue	
CITY-ST-ZIP	Key West, Florida 33040	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chip Powell	
STREET ADDRESS	1405 Racketts Circle Apt. B	
CITY-ST-ZIP	Key West, Florida 33040	
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		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timmy M. Leonard	
STREET ADDRESS	1300 8th Street	
CITY-ST-ZIP	Key West, Florida 33040	

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

1-23-00 509-0901

Date

Daytime Phone #

CR2E037 (9/99)