

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**  
 03-07-2002 90029 001 \*\*\*\*62.00

**DOCUMENT # 707225**

1. Entity Name

**BIG COPPITT VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

28 EMERALD DR  
 KEY WEST FL 33040  
 US

Mailing Address

P O BOX 2292  
 BOX 2292  
 KEY WEST FL 33040  
 US

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

**NOT APPLICABLE**

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

**LEONARD, TIMMY M**  
**1300 8TH STREET**  
**P.O. BOX 5750**  
**KEY WEST FL 33040**

Name  
**Phelps, Arleen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14 Cactus DR**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, WILLIAM</b> <b>61 BARCELONA DR</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, MILLIE</b> <b>1907 STAPLES</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEARN, LEE</b> <b>5700 LAUREL AVE LOT F</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CASSELL, TONI</b> <b>1427 BOCA CHICA ROAD</b> <b>KEY WEST FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PHELPS, ARLEEN</b> <b>14 CACTUS DR</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEONARD, TIMMY M</b> <b>1300 8TH ST</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Fithian, Don</b> <b>8651 Loggerhead Ln</b> <b>Sugarloaf Key, FL 33042</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Devlin, Michael</b> <b>53 Barcelona DR</b> <b>Key West, FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Beaver, Meleyna</b> <b>2924 Staples Ave</b> <b>Key West, FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Hilton, Martin</b> <b>1535 Balfish Ct Aptc</b> <b>Key West, FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Arleen Phelps</b> <b>14 Cactus DR</b> <b>Key West FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)