

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 012 ****70.00

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



☐ CHECK HERE IF MAKING CHANGES

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

**PHELPS, ARLEEN
14 CACTUS DRIVE
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D THOMAS, WILLIAM**
STREET ADDRESS **61 BARCELONA DR**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
NAME **D FITTIAN, DON**
STREET ADDRESS **8651 LOGGERHEAD LANE**
CITY-ST-ZIP **SUGARLOAF KEY FL 33042**

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

TITLE ☐ Delete
NAME **D DERLIN, MICHAEL**
STREET ADDRESS **53 BARCALONA DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
NAME **Devlin, Michael**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T BEAVER, MELEYA**
STREET ADDRESS **2924 STAPLES AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☒ Addition
NAME **Dann- Daniel Cassel Jr.**
STREET ADDRESS **1427 Boca Chica Rd**
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME **VP HITSON, MARTIN**
STREET ADDRESS **1535 BATFISH COURT, APT C**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
NAME **P PHELPS, ARLENE**
STREET ADDRESS **14 CACTUS DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
NAME **Phelps, Arleen**
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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

CR2E037 (10/02)