

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90077 043 \*\*\*\*61.25

**DOCUMENT # 709549**

1. Entity Name

**STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

6180 2ND STREET AND MALONEY AVE.  
 STOCK ISLAND  
 KEY WEST FL 33040

6180 2ND STREET AND MALONEY AVE.  
 STOCK ISLAND  
 KEY WEST FL 33040-5938

2. Principal Place of Business

3. Mailing Address

*18 Roberta Street, S.I.*

*18 Roberta Street, S.I.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Key West, FL*

City & State

*Key West, FL*

4. FEI Number

**59-2239339**

Applied For

Not Applicable

Zip

*33040*

Country

*Monroe*

Zip

*33040*

Country

*Monroe*

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

**FOLSOM, WALLACE L.**  
**26A 12TH AVE., S.I.**  
**KEY WEST FL 33040**

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 *Wallace L Folsom* DATE *4/27/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | VD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LAMBERSON, ALLAN T                  | NAME  |   |
| STREET ADDRESS             | C12 9TH AVE S I                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | KEY WEST FL 33040                   | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JARRELLS, KENNETH J                 | NAME  |   |
| STREET ADDRESS             | 14 LUNA LN B C                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | KEY WEST FL 33040                   | CITY-ST-ZIP   |   |
| TITLE                      | STD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GALLOWAY, MARIE L                   | NAME  |   |
| STREET ADDRESS             | 18 ROBERTA STREET SI                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | KEY WEST FL                         | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GALLOWAY, PAUL L.                   | NAME  |   |
| STREET ADDRESS             | 18 ROBERTA ST., SI.                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | KEY WEST, FLORIDA 00000             | CITY-ST-ZIP   |   |
| TITLE                      | PD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FOLSOM, WALLACE L.                  | NAME  |   |
| STREET ADDRESS             | 26A-12TH AVENUE, SI                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | KEY WEST, FL 00000                  | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARA, FRANK E                       | NAME  |   |
| STREET ADDRESS             | 101 ROYS TRL PRK SI                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | KEY WEST, FL 00000                  | 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: *Wallace L Folsom* DATE *4/27/00* DAYTIME PHONE # *305-296-3477*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)