

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711097

1. Entity Name

HARBOR CITY VOLUNTEER AMBULANCE SQUAD, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90023 045 ****61.25

Principal Place of Business

129 W. HIBICUS BLVD.
 K
 MELBOURNE FL 32901
 US

Mailing Address

P O BOX 1040
 MELBOURNE FL 32902-1040
 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

51-0202410

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

CROOKS, KENNETH C
 7380 MURELL ROAD
 SUITE 100
 MELBOURNE FL 32940

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

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 PS ☐ Delete
 NAME SOUSA, THOMAS
 STREET ADDRESS 109 BEL AIRE DR
 CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937

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

TITLE VP ☐ Delete
 NAME YELVERTON, DAN
 STREET ADDRESS 708 DARTMOUTH AVE.
 CITY-ST-ZIP MELBOURNE FL

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

TITLE D ☐ Delete
 NAME CAMPBELL, SUE
 STREET ADDRESS 407 N. SEAGULL DR
 CITY-ST-ZIP BAREFOOT BAY FL 32976

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

TITLE D ☐ Delete
 NAME CAWLEY, PAMELA
 STREET ADDRESS 667 TUPELO DRIVE
 CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE D ☐ Delete
 NAME HIGGINS, MIKE
 STREET ADDRESS 639 AUTUMN GLEN DRIVE
 CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE D ☐ Delete
 NAME SCHMITT-KIRWIN, SUE
 STREET ADDRESS 511 ROYSTON LANE
 CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
 NAME
 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

Date

Daytime Phone #

CR2E037 (9/99)