

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711097

1. Entity Name

HARBOR CITY VOLUNTEER AMBULANCE SQUAD, INC.

Principal Place of Business

129 W. HIBISCUS BLVD.
K
MELBOURNE FL 32901
US

Mailing Address

P O BOX 1040
MELBOURNE FL 32902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

51-0202410

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Crooks, Kenneth C.

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

8240 Devereux Drive, Suite 100

City Melbourne

FL

Zip Code 32940

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

After September 12, 2001, min. will be \$236.25

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	PS SOUSA, THOMAS 109 BEL AIRE DR INDIAN HARBOUR BCH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YELVERTON, DAN 708 DARTMOUTH AVE. MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, SUE 407 N. SEAGULL DR BAREFOOT BAY FL 32976	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAWLEY, PAMELA 667 TUPELLO DRIVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, MIKE 639 AUTUMN GLEN DRIVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITT-KIRWIN, SUE 511 ROYSTON LANE MELBOURNE FL 32940	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Don Nohr 1800 W Hibiscus Blvd Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judy Brown 2457 Willowbrook Rd. Merritt Island FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sondra D'Angelo 1096 Crazy Horse Ave NW Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004641825--2 -10/18/01--01057--002 ****175.00 ****175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 OF REGISTERED AGENT

AUG 9, 2001 (321) 773-3113

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 3:33



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

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