2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # 711131** 1. Entity Name 4 COMMUNITIES FIRE DEPARTMENT 04-21-2000 90111 033 ****61.25 Mailing Address Principal Place of Business 4870 N.U.S. 1 P.O. BOX 227 SHARPES FL 32959 SHARPES FL 32959-0227 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1802506 Not Applicable Zip Zip_ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAMISON, GEORGE 711 ALCAZAR AVE **COCOA FL 32927** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change **★** Addition TITLE 🔀 Delete LAKE, GARY L NAME NAME 3955 Pine St STREET ADDRESS STREET ADDRESS 517 BOWMAN BLVD. coa F1 32927 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 TITLE Change Delete TITLE NAME NAME L'AKE, EILEEN M STREET ADDRESS 517-BOWMAN:BLVD STREET ADDRESS 32959 CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32927** Addition ☐ Change Delete TITLE TITLE D NAME NAME JAMISON, GEORGE STREET ADORESS STREET ADDRESS 711 ALCAZAR AVE CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 Change Addition ☐ Delete TITLE TITLE NAME WORKMAN, BILL NAME STREET ADDRESS STREET ADDRESS 1067 HIBISCUS ST CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 ☐ Change ☐ Addition TITLE Delete TITLE COOPER, CLIFFORD B NAME STREET ADDRESS 6864 ASTER DR. STREET ADDRESS CITY-ST-ZIP **COCOA FL 32927** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 504 3742