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

**FILED**
**Jan 08, 2003 8:00 am**
**Secretary of State**
01-08-2003 90076 006 ****61.25

DOCUMENT # 711131

1. Entity Name
4 COMMUNITIES FIRE DEPARTMENT

| Principal Place of Business | Mailing Address |
|---|---|
| 4870 NORTH HIGHWAY US 1<br>SHARPES FL 32959<br>US | P.O. BOX 227<br>SHARPES FL 32959<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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: NOT-APPLICABLE 59-1802506 ☐ 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 |
|---|---|
| NORMAN, JOHN<br>FOUR COMMUNITIES FIRE DEPARTMENT, INC.<br>4870 NORTH HIGHWAY US 1<br>SHARPES FL 32959 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>NORMAN, JOHN<br>1830 APRICOT DRIVE<br>TITUSVILLE FL 32780 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GILLIS, ANDY<br>817 PINE SHADOWS AVENUE<br>ROCKLEDGE FL 32955 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JAMISON, GEORGE<br>711 ALCAZAR AVE<br>COCOA FL 32927 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CLAUDIUS, BRIAN<br>2310 BAL HAROUR TERRACE<br>TITUSVILLE FL 32780 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FROST, TIFFANY<br>6320 ARBOR AVE<br>COCOA FL 32927 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Brian Springer<br>325 Booth Street<br>Cocoa, FL 32927<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOWE, LARRY<br>321 SPRING STREET<br>COCOA FL 32927 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Brian Claudius REQUIRED 1/4/03 321-636-6666