

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715486

1. Entity Name

THE PENSACOLA BEACH VOLUNTEER FIRE DEPARTMENT, I

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90073 013 ****61.25

Principal Place of Business

901 VIA DE LUNA DR
PENSACOLA BEACH FL 32561

Mailing Address

901 VIA DE LUNA DR
PENSACOLA BEACH FL 32561

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

59-2405009

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

Name

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

City

FL

Zip Code

MC CLEARY, BARRY
3 WEST GARDEN STREET
SUITE 380
PENSACOLA FL 32501

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 PD
NAME SIMS, CHAD
STREET ADDRESS 901 VIA DE LONA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

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

TITLE D
NAME DUKE, TONYA
STREET ADDRESS 1700 VIA DE LUNA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

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

TITLE TD
NAME SPRING, STANLEY A
STREET ADDRESS 1110 VIA DE LONA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

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

TITLE D
NAME LANDRY, KIM MD
STREET ADDRESS 1005 VIA DE LUNA DRIVE
CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

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

TITLE SD
NAME SCHROEDER, LISA
STREET ADDRESS 2829 VENETIAN GARDEN
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

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

TITLE VPD
NAME MCCLEARY, BARRY
STREET ADDRESS 3 WEST GARDEN ST.
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01 (850) 932-3131

Date

Daytime Phone #

CR2E037 (10/00)