2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # 718394** 1. Entity Name CORAL SPRINGS VOLUNTEER FIRE FIGHTERS' ASSOCIATION, INC. 01-27-2000 90016 047 ****61.25 Principal Place of Business Mailing Address 2801 CORAL SPRINGS DR 2801 CORAL SPRINGS DR POB 8652 POB 8652 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-3825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1856228 Not Applicable Zip Country Zip Country \$8.75 Additional 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) CESTONE. PASQUALE 2801 CORAL SPRINGS DRV **CORAL SPRINGS FL 33065** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **Change** ☐ Addition 🛂 Deteté TITLE MARIA ELENA COURY NAME NAME CALM, CARL STREET ADDRESS 6252 SEMINOLE TERR STREET ADDRESS 4113 NW 114TH-AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 **CORAL SPRINGS FL 33076** ☐ Addition Change V Delet TITLE CHARLES WARREN NAME NAME O'CONNOR, ROBERT 2528 UNIVERSITY DE STREET ADDRESS STREET ADDRESS 6522 NW 53RD COLAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ■ Addition TITLE RICHARD MARTEL NAME NAME KING, PETER 2590 CORAL SPRINGS DR STREET ADDRESS STREET ADDRESS 3903 NW 73RD TERR CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIE CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME CESTONE, PASQUALE STREET ADDRESS STREET ADDRESS 6985 NW 29 CT CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33065 Change ☐ Addition ☐ Delete TITLE TITLE ₩J. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attackment with an address, with all other like empowered.

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