2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 718861 Jul 31, 2000 8:00 am 1. Entity Name **Secretary of State** CRESCENT BEACH VOLUNTEER FIRE DEPARTMENT, INC. 07-31-2000 90006 007 ****61.25 Principal Place of Business Mailing Address 5865 A1A SOUTH 5865 A1A SOUTH ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-1909316 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32080 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) ORSINI, RICHARD G. 105 15TH ST ST AUGUSTINE FL 32084 City Zip Code B. 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Defete TITLE HACHMEISTER, ETHELYN NAME NAME STREET ADDRESS 287 DE SOTA ROAD STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE RICH, ANDY NAME NAME STREET ADDRESS 8635 A1A SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE IRMA SCHOLTEN NAME NAME STREET ADDRESS STREET ADDRESS 6336 SALADO ROAD CITY-ST-ZIP CITY-ST-7IP ST. AUGUSTINE FL ח TITI F Change Addition TITLE ☐ Delete LANG, MIKE NAME NAME STREET ADDRESS 6781 MAGNOLIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE, FL 00000 ☐ Change Addition ☐ Delete TITLE rountain, įsmes FOUNTAIN, JAMES A NAME NAME 36 Briarvue Palm Coast, STREET ADDRESS 6896 SEA PLACE AVE STREET ADDRESS 32137 CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32084

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SD

TRAYNOR, KEVIN

40 CINCINNATI AVE.

ST. AUGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALD TO THE DESUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

7-22-2000

rountain, Tinda

palm coast, pl

36 Briarvue Lane

e Day

32137

Change

☐ Addition