

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 718861

FILED
May 05, 2003
Secretary of State

Entity Name: CRESCENT BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

5865 A1A SOUTH
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

36 BRIARVUE LANE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-1909316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, RICHARD G.
105 15TH ST
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HACHMEISTER, ETHELYN,
Address: 287 DE SOTA ROAD
City-St-Zip: ST AUGUSTINE, FL 00000,

Title: VD () Delete
Name: RICH, ANDY
Address: 8635 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: IRMA SCHOLTEN,
Address: 6336 SALADO ROAD
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: LANG, MIKE
Address: 6781 MAGNOLIA AVE
City-St-Zip: ST AUGUSTINE, FL 00000,

Title: PD () Delete
Name: FOUNTAIN, JAMES A
Address: 36 BRIARVUE LANE
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: FOUNTAIN, LINDA
Address: 36 BRIARVUE LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. FOUNTAIN

SD

05/05/2003

Electronic Signature of Signing Officer or Director

Date