

2000 UNIFORM BUSINESS REPORT (UBR)

3/21/00-90021-026-\$61.25-\$61.25

DOCUMENT # 718866

1. Entity Name

THE FEDHAVEN VOLUNTEER FIRE COMPANY, INC.

FILED

00 APR -3 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FL 33854-8575

700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FLA 33854-8575

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

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

ST. GERMAIN, ROGER
2320 THOREAU DR
LAKE WALES FL 33853

Name

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

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NYKAMP, JAY
PO BOX 8157
FEDHAVEN FL 33854 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(PD)
NYKAMP, JAY
P.O. BOX 8157
FEDHAVEN, FL 33854 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LAMBIASE, RICHARD J.
1 FEDHAVEN CIRCLE
FEDHAVEN, FL 00000 33854 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T (D).
ST. GERMAIN, SUSAN H.
2320 THOREAU DR.
LAKE WALES FL 33853 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ST GERMAIN, ROGER
2320 THOREAU DR
LAKE WALES FL 33853 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SEVELA, JOSEPH
130 FEDHAVEN CIR
FEDHAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SEVELA, JOSEPH
P.O. BOX 8423
FEDHAVEN, FL 33853 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 of Roger St. Germain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2000

863-696-4986

Date

Daytime Phone #

CR2E037 (9/99)