

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90103 029 \*\*\*\*61.25

**DOCUMENT # 720899**

1. Entity Name

**THE NALCREST VOLUNTEER FIRE COMPANY, INC.**

Principal Place of Business

#1 TOWN CENTER  
NALCREST ROAD  
NALCREST FL 33856

Mailing Address

#1 TOWN CENTER  
NALCREST ROAD  
NALCREST FLA 33856

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1004167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FILIPPELLI, JIM  
APT 29E, PO BOX 6745  
NALCREST FL 33856

7. Name and Address of New Registered Agent

Name

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

**3428 Nalcrest Rd Apt 29E**

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

*Vincent Filippelli*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/17/00**

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

T ☐ Delete  
NAME LATULIP, FRED  
STREET ADDRESS 39C NALCREST RD  
CITY-ST-ZIP NALCREST FL 33856

T ☐ Delete  
NAME TRAPANESE, JOHN  
STREET ADDRESS 1465 GRANADA COURT, F5  
CITY-ST-ZIP NALCREST FL 33856

T ☐ Delete  
NAME KRENCIK, MARILYN  
STREET ADDRESS 40B NALCREST RD., BOX 6033  
CITY-ST-ZIP NALCREST FL 33856

T ☐ Delete  
NAME HERRING, LEWIS  
STREET ADDRESS 51D NALCREST RD., BOX 6796  
CITY-ST-ZIP NALCREST FL 33856

T ☐ Delete  
NAME BRAY, RICHARD  
STREET ADDRESS 48C NALCREST RD., BOX 6661  
CITY-ST-ZIP NALCREST FL 33856

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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.

SIGNATURE: *Marilyn Krenick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00**

DATE

**(863) 696-1121**

DAYTIME PHONE #

CR2037 (9/99)