

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 724226**

1. Entity Name

**LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90134 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**5490 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228  
US****5490 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228-1902  
US****00008847**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1919020**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**FEINGOLD, LEON  
4800 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

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

TITLE ☐ Delete  
NAME **P/ST**  
STREET ADDRESS **FEINGOLD, LEON**  
CITY-ST-ZIP **1800 GULF OF MEXICO DRIVE #C-302**  
**LONGBOAT KEY FL 34228**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TYRRELL, MICHAEL T**  
CITY-ST-ZIP **2309 CANASTA DRIVE**  
**BRADENTON BEACH FL 34217**TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **WANCA, DANIEL W. D**  
CITY-ST-ZIP **6600 MANATEE AVENUE**  
**BRADENTON FL**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ANNETT, MARGARET**  
CITY-ST-ZIP **597 BAYVIEW DR.**  
**LONGBOAT KEY FL**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GOODRICH, JOHN Q. JR.**  
CITY-ST-ZIP **597 BAYVIEW DR.**  
**LONGBOAT KEY FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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 with an address, with all other like empowered.

SIGNATURE:

**LEON FEINGOLD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/25/2000 941-316-1944**  
Date Daytime Phone #