

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90121 026 \*\*\*\*70.00

**DOCUMENT # 724226**

1. Entity Name

**LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC**



Principal Place of Business <b>5490 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US</b>		Mailing Address <b>5490 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-1919020</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>FEINGOLD, LEON 4800 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228</b>		7. Name and Address of New Registered Agent Name <b>LEWIS B. SIMON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5490 GULF OF MEXICO DR</b> City <b>LONGBOAT KEY</b> FL <b>34228</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>7-7-03</b> (NOTE: Registered Agent signature required when reinstating)			

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <del>PST DIRECTOR EMERITUS</del> <input type="checkbox"/> Delete NAME <b>FEINGOLD, LEON</b> STREET ADDRESS <b>1800 GULF OF MEXICO DRIVE #C-302</b> CITY-ST-ZIP <b>LONGBOAT KEY FL 34228</b>	TITLE <b>DIRECTOR EMERITUS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>FEINGOLD, LEON</b> STREET ADDRESS <b>1800 GULF OF MEXICO DR #C302</b> CITY-ST-ZIP <b>LONGBOAT KEY, FL 34228</b>	TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ALVAREZ, JORGE</b> STREET ADDRESS <b>4835 40th STREET, WEST</b> CITY-ST-ZIP <b>BRADENTON, FL 34210</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TYRRELL, MICHAEL T</b> STREET ADDRESS <b>2309 CANASTA DRIVE</b> CITY-ST-ZIP <b>BRADENTON BEACH FL 34217</b>	TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ALVAREZ, JORGE</b> STREET ADDRESS <b>4835 40th STREET, WEST</b> CITY-ST-ZIP <b>BRADENTON, FL 34210</b>	TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>SIMON, SCOTT</b> STREET ADDRESS <b>565 SANCTUARY DR - A402</b> CITY-ST-ZIP <b>LONGBOAT KEY, FL 34228</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>ALTMAN, MATTHEW</b> STREET ADDRESS <b>7235 49TH AVE. EAST</b> CITY-ST-ZIP <b>SARASOTA FL 34203</b>	TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>SIMON, SCOTT</b> STREET ADDRESS <b>565 SANCTUARY DR - A402</b> CITY-ST-ZIP <b>LONGBOAT KEY, FL 34228</b>	TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>SOUSA, TOM</b> STREET ADDRESS <b>1208 SANTIAGO DRIVE</b> CITY-ST-ZIP <b>BRADENTON, FL 34209</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>ANNETT, MARGARET</b> STREET ADDRESS <b>597 BAYVIEW DR.</b> CITY-ST-ZIP <b>LONGBOAT KEY FL</b>	TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>SOUSA, TOM</b> STREET ADDRESS <b>1208 SANTIAGO DRIVE</b> CITY-ST-ZIP <b>BRADENTON, FL 34209</b>	TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>LEWIS B. SIMON</b> STREET ADDRESS <b>565 SANCTUARY DR - A402</b> CITY-ST-ZIP <b>LONGBOAT KEY, FL 34228</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>GOODRICH, JOHN Q. JR.</b> STREET ADDRESS <b>597 BAYVIEW DR.</b> CITY-ST-ZIP <b>LONGBOAT KEY FL</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SIMON, LEWIS</b> STREET ADDRESS <b>565 SANCTUARY DRIVE</b> CITY-ST-ZIP <b>LONGBOAT KEY FL 34228</b>			

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 REQUIRED** **7-7-03** **941/316-1944**

CR2E037 (4/03)