

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90075 047 ****61.25

DOCUMENT # 726615

1. Entity Name

THE PALM COAST BUCKET BRIGADE, INC.

Principal Place of Business

**PALM COAST PARKWAY
P.O. BOX 350048
PALM COAST FL 32135-0048**

Mailing Address

**PO BOX 353676
PALM COAST FL 32135-0048**

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

59-3414199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KWIATKOWSKI, JULES
7-BASSETT LN
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **HENRY W. GENSCH, PRES.**
Street Address (P.O. Box Number is Not Acceptable)
44 WOODFIELD DR
PALM COAST, FLA. 32164
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

2/10/01

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	LEE, JAMES	
STREET ADDRESS	1 BISCAYNE PL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCNULTY, BRIAN	
STREET ADDRESS	23 BARKLEY LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUGGIERI, LARRY	
STREET ADDRESS	89 FOSTER LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATHY, MERRITT	
STREET ADDRESS	61 WOOD HOLLOW LN	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	HENRY W. GENSCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY W. GENSCH	
STREET ADDRESS	44 WOODFIELD DR	
CITY-ST-ZIP	PALM COAST FLA. 32164	
TITLE	SHIELA REUTHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELA REUTHER	
STREET ADDRESS	62 WESTBROOK LA	
CITY-ST-ZIP	PALM COAST FLA. 32137	
TITLE	MARIANNE REIFFEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANNE REIFFEL	
STREET ADDRESS	46 CORMORANT CT	
CITY-ST-ZIP	PALM COAST, FLA. 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

02/10/01

904-446-5377

Date

Daytime Phone #

CR2E037 (10/00)