

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

7. Name and Address of New Registered Agent

GENSCH, HENRY W PRES.  
44 WOODFIELD DR  
PALM COAST FL 32164

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 PD  
STREET ADDRESS GENSCH, HENRY W  
CITY-ST-ZIP 44 WOODFIELD DR  
PALM COAST FL 32164 ☐ Delete

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

TITLE  
NAME VD  
STREET ADDRESS REUTHER, SHEILA  
CITY-ST-ZIP 62 WESTBROOK LA  
PALM COAST FL 32137 ☐ Delete

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

TITLE  
NAME S  
STREET ADDRESS PEIFFER, MARIANNE  
CITY-ST-ZIP 46 CORMORANT CT  
PALM COAST FL 32137 ☐ Delete

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

TITLE  
NAME T  
STREET ADDRESS KATHY, MERRITT  
CITY-ST-ZIP 61 WOOD HOLLOW LN  
PALM COAST FL 32164 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 SIGNING OFFICER OR DIRECTOR

*H. W. Gensch* 1/10/02 386-446-5377  
Date Daytime Phone #

FILED  
Jan 23, 2002 8:00 am  
Secretary of State

01-23-2002 90057 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)