

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 01, 2001 08:00 AM****Secretary of State****DOCUMENT # 727648****1. Entity Name**

GRANT VOLUNTEER FIRE DEPARTMENT OF BREVARD COUNTY, INC

**Principal Place of Business**BARBER, STEPHEN, I  
3641 FICUS PLACE  
GRANT  
32949

FL

US

**Mailing Address**BARBER, STEPHEN, T  
3641 FICUS PLACE  
GRANT  
32949

FL

US

**2. Principal Place of Business**

CONWAY, CHARLES

**3. Mailing Address**

CONWAY, CHARLES

**Suite, Apt. #, etc.**

7175 ORCHID TREE DR

**Suite, Apt. #, etc.**

7175 ORCHID TREE DR

**City & State**

GRANT

FL

**City & State**

GRANT

FL

**Zip**

32949

**Country**

US

**Zip**

32949

**Country**

US

**4. FEI Number****23-7350041****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BARBER STEPHEN T  
3641 FICUS PLACE

GRANT

32949

FL

US

**7. Name and Address of New Registered Agent****Name**

CONWAY CHARLES

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

7175 ORCHID TREE DR

City  
GRANT

FL

Zip Code  
32949**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 **CHARLES CONWAY****08/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	S	<input type="checkbox"/> Delete
NAME	FIELDS JEANIE	
STREET ADDRESS	4019 BERRY RD	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ZAMONIS DUANE	
STREET ADDRESS	6060 PINESAP AVE	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBER STEPHEN	
STREET ADDRESS	3641 FICUS PLACE	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN JAMES	
STREET ADDRESS	5330 US 1	
CITY-ST-ZIP	GRANT FL	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS JEANIE	
STREET ADDRESS	4019 BERRY RD	
CITY-ST-ZIP	GRANT FL 32949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY CHARLES	
STREET ADDRESS	7175 ORCHID TREE DR	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGLIARULO MARK	
STREET ADDRESS	3755 PONDEROSA RD	
CITY-ST-ZIP	VALKARIA FL 32950	
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)(f), 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: Charles Conway**

TD

08/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)