

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90732 038 ****61.25

DOCUMENT # 727648

1. Entity Name

GRANT VOLUNTEER FIRE DEPARTMENT OF BREVARD COUNTY, INC.



Principal Place of Business

**CONWAY, CHARLES
7175 ORCHID TREE DR
GRANT FL 32949
US**

Mailing Address

**CONWAY, CHARLES
7175 ORCHID TREE DR
GRANT FL 32949
US**

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 **23-7350041**

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

**CONWAY, CHARLES
7175 ORCHID TREE DR
GRANT FL 32949**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PAGLIARULO, MARK**
STREET ADDRESS **3755 PONDEROSA RD**
CITY-ST-ZIP **VALKARIA FL 32950**

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

TITLE **TD** ☐ Delete
NAME **CONWAY, CHARLES**
STREET ADDRESS **7175 ORCHID TREE DR**
CITY-ST-ZIP **GRANT FL 32949**

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

TITLE **DC** ☐ Delete
NAME **ZAMONIS, DUANE**
STREET ADDRESS **6060 PINESAP AVE**
CITY-ST-ZIP **GRANT FL 32949**

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

TITLE **SD** ☐ Delete
NAME **FIELDS, JEANIE**
STREET ADDRESS **4019 BERRY RD**
CITY-ST-ZIP **GRANT FL 32949**

TITLE ☒ Change ☐ Addition
NAME **SD Fields, Jeanie**
STREET ADDRESS **4015 Berry Rd.**
CITY-ST-ZIP **GRANT FL 32949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: **Charles Conway** **SIGNATURE REQUIRED** **Charles Conway** **3-6-03** **321-727-6137**

CR2E037 (10/02)