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**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**  
01-25-2000 90025 007 \*\*\*\*61.25

**DOCUMENT # 729021**

1. Entity Name

**EAST LAKE FIRE AND RESCUE, INC.**

Principal Place of Business

3375 TARPON LAKE BLVD  
PALM HARBOR FL 34685

Mailing Address

3375 TARPON LAKE BLVD  
PALM HARBOR FL 34685-1222

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

**23-7363939**

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

**TAYLOR, RONALD W.**  
**12117 N. EDISON AVE.**  
**TAMPA FL 33612**

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

*Ronald W. Taylor* **RONALD W. TAYLOR, FIRE CHIEF**

**1/19/00**

Signature, typed or printed name of registered agent and date 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		<input type="checkbox"/> Delete
NAME	<b>PANARELLI, ANDREA</b>	
STREET ADDRESS	<b>3353 DUNEMOOR COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>VP</b>	
STREET ADDRESS	<b>SCHULT, CHARLES CHUCK</b>	
CITY-ST-ZIP	<b>3392 BRIAN ROAD SOUTH</b>	
	<b>PALM HARBOR FL 34685-2105</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>P</b>	
STREET ADDRESS	<b>NOBLES, JAMES M</b>	
CITY-ST-ZIP	<b>1200 TARPON WOODS BLVD, S-1</b>	
	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>C</b>	
STREET ADDRESS	<b>FERGUSON, WAYNE</b>	
CITY-ST-ZIP	<b>3507 FAIRWAY FOREST DR.</b>	
	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>S</b>	
STREET ADDRESS	<b>GALLOWAY, JAMES L</b>	
CITY-ST-ZIP	<b>3316 KILLDEER PLACE</b>	
	<b>PALM HARBOR FL 34685</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:** *Ronald W. Taylor* **RONALD W. TAYLOR, FIRE CHIEF** **1/19/00** **(727) 784-866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #