

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****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**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip
Country
4. FEI Number
23-7363939
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
TAYLOR RONALD W.
12117 N. EDISON AVE.
TAMPA FL 33612 US
7. Name and Address of New Registered Agent
Name
PARKS JEFFREY S
Street Address (P.O. Box Number is Not Acceptable)
2311 OVERVIEW DRIVE
City
NEW PORT RICHEY FL Zip Code
34655**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** JEFFREY S. PARKS **05/01/2001**
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 ☐ **\$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	S	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLOWAY JAMES L			NAME	GALLOWAY JAMES L		
STREET ADDRESS	3316 KILLDEER PLACE			STREET ADDRESS	3316 KILLDEER PLACE		
CITY-ST-ZIP	PALM HARBOR FL 34685			CITY-ST-ZIP	PALM HARBOR FL 34685		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON WAYNE			NAME	CANNON WILBUR F		
STREET ADDRESS	3507 FAIRWAY FOREST DR.			STREET ADDRESS	5860 STALLION LAKE DRIVE		
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP	PALM HARBOR FL 34685		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLES JAMES M			NAME	BOBEL DANIEL J		
STREET ADDRESS	1200 TARPON WOODS BLVD, S-1			STREET ADDRESS	1220 PALMER LANE		
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP	PALM HARBOR FL 34685		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULT CHARLES CHUCK			NAME	DEDMAN CHARLES CHUCK		
STREET ADDRESS	3392 BRIAN ROAD SOUTH			STREET ADDRESS	571 HOLLOWTREE PLACE		
CITY-ST-ZIP	PALM HARBOR FL 346852105			CITY-ST-ZIP	TARPON SPRINGS FL 34689		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANARELLI ANDREA			NAME	NOBLES JAMES M		
STREET ADDRESS	3353 DUNEMOOR COURT			STREET ADDRESS	1200 TARPON WOODS BLVD. S-1		
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP	PALM HARBOR FL 34685		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** James M Nobles **D** **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)