

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730989

1. Entity Name

PORT SALERNO VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

4725 S. E. HWY.. A-1-A
PO BOX 297
PORT SALERNO FL 34992-0297

Mailing Address

4725 S. E. HWY.. A-1-A
PO BOX 297
PORT SALERNO FL 34992-0297

2. Principal Place of Business

4725 SE HWY A1A

3. Mailing Address

PO Box 297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Salerno

City & State

Port Salerno - FLA

Zip

34997

Country

Martin

Zip

34997

Country

Martin

6. Name and Address of Current Registered Agent

ROLLAND, FRANCOIS
114115 S E FED HWY
HOBESOUND FL 33455

7. Name and Address of New Registered Agent

Name CHRIS BUCHANAN
Street Address (P.O. Box Number is Not Acceptable)
8455 SE Church ST APT-7
City HOBESOUND FL Zip Code 33455

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 CHRIS BUCHANAN

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

Chris Buchanan

(NOTE: Registered Agent signature required when reinstating)

9-5-01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	TS FRANKLIN, DAPHANIE 8452 SE CROFT CIR, APT G-1 HOBE SOUND FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS DARIN 3726 S.E. MIDOLE ST. STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, WILLIAM 2567 SE NORMAND STREET STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, ARTHUR J 3301 SW VILLA PLACE PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, CHRIS 4608 MOUNTED LANE PORT. SALERMO FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, CHRISTINA 4373 SE BAYSHORE TERRACE STUART FL 34997 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHANAN CHRIS 8455 SE Church ST HOBESOUND FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CHRISTIAN BUCHANAN

9-5-01

561-201-1987

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90015 014 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1670104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (5/01)