

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731724

1. Entity Name

POINCIANA VOLUNTEER FIRE DEPARTMENT, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90010 001 \*\*\*\*70.00

Principal Place of Business

398 S MARIGOLD AVE  
POINCIANA FL 34759

Mailing Address

398 S MARIGOLD AVE  
POINCIANA FL 34759

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

59-1756736

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

Name

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

City

FL

Zip Code

HOFFMAN, MORGAN J  
887 ADEUR DR.  
KISSIMMEE FL 34159

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

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**

**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOFFMAN, MORGAN J  
887 ADOUR DR.  
KISSIMMEE FL 34759 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BICUM, KIRK  
3 AMALFI WAY  
KISSIMMEE FL 34758 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PALMA, DIXON  
901 SAN CARLOS WAY  
KISSIMMEE, FL #\$\$\$\* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
COUCH, DAVID  
104 ALCULA DR.  
KISSIMMEE FL 34758 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HILL, LORI  
646 JAGUAR CT.  
KISSIMMEE, FL 34759 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
JABLOWSKI, JAMES  
577 OAK BRANCH CIRCLE  
KISSIMMEE FL 34758 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BRADY, ERIC  
742 SQUIRREL CT  
KISSIMMEE, FL 34759 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERWANGER, KEN  
118 BIANCA CT  
KISSIMMEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

Morgan J. Hoffman

7-11-00

863-427-088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)