

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732917

1. Entity Name

HERNANDO BEACH VOLUNTEER FIRE COMPANY INCORPORAT

FILED

Feb 20, 2000 8:00 am  
Secretary of State

02-20-2000 90054 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3451 SHOAL LINE BLVD.  
HERNANDO BCH FL 34607  
US

3451 SHOAL LINE BLVD.  
HERNANDO BCH FL 34607-3440  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2188156

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KNOWLTON, STEVE  
4281 BISCAYNE DR  
HERNANDO BEACH FL 34607

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

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  
Department of State

10. OFFICERS AND DIRECTORS

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, STEVE	
STREET ADDRESS	4281 BISCAYNE DR	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROVELLO, JOHN	
STREET ADDRESS	4459 BAYRIDGE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUARANTA, MIKE	
STREET ADDRESS	11347 REGENT LA	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PUBLCOVER, JASON	
STREET ADDRESS	3331 AZALEA DR	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUBLCOVER, JASON	
STREET ADDRESS	3306 HOLLYSPRINGS DR	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLTON STEVE	
STREET ADDRESS	4281 BISCAYNE DR	
CITY-ST-ZIP	HERNANDO BEACH FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCIO JOE	
STREET ADDRESS	3331 AZALEA DR	
CITY-ST-ZIP	HERNANDO BEACH FL	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE KNOWLTON

Date

Daytime Phone #

1/11/00 352-592-5616

CR2E037 (9/99)