

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735109

1. Entity Name

HOBE SOUND VOLUNTEER FIREMAN'S ASSOCIATION, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90004 045 ****70.00

Principal Place of Business

12155 S.E. FEDERAL HIGHWAY
P.O. BOX 1267
HOBE SOUND FL 33455

Mailing Address

12155 S.E. FEDERAL HIGHWAY
P.O. BOX 1267
HOBE SOUND FL 33455

2. Principal Place of Business

12155 SE Fed Hwy

3. Mailing Address

PO Box 1267

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound FL

City & State

Hobe Sound

4. FEI Number

51-0189461

Applied For

Not Applicable

Zip

33455

Country

Martin

Zip

33457

Country

Martin

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

BUCHANAN, CHRIS L.
5681 KATHERINE AVE
STUART FL 34997

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

Chris L Buchanan

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
CD
BUCHANAN, CHRIS L.
5681 S.E. KATHERINE AVE
STUART FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHRIS Buchanan
4608 Montee Lane
STUART FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HACK, BENJAMIN R.
8775 SE LONGVIEW DR.
HOBE SOUND, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROWN, MARGIT
8793 SANDRIDGE AVE
HOBE SOUND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GRAY, MATTHEW
9355 SE SUNRISE WAY
HOBE SOUND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-00 561-201-1987