

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739364

1. Entity Name

PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90045 031 ****70.00

Principal Place of Business

1150 S.W. MARTIN DOWNS BLVD.
 P O BOX 5
 PALM CITY FL 34990

Mailing Address

P.O. BOX 5
 PALM CITY FL 34991
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1763744

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

MILLNER, PATRICIA T
 521 HALPATIOKEE STREET
 STUART FL 34994

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
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: TS
 NAME: MILLNER, PATRICIA T
 STREET ADDRESS: 521 HALPATIOKEE STREET
 CITY-ST-ZIP: STUART FL 34994 Delete

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

TITLE: PD
 NAME: JERRY GITTER
 STREET ADDRESS: 3883 SW OSPREY CREEK WAY
 CITY-ST-ZIP: PALM CITY FL Delete

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

TITLE: D
 NAME: DOUG GOETHEL
 STREET ADDRESS: 1804 SW GREGOR WAY
 CITY-ST-ZIP: STUART FL Delete

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

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
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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:

Patricia Millner

7-20-2000

561-286-5891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)