

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **739364**

1. Entity Name

PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC.

FILED

01 AUG 28 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1763744	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLNER, PATRICIA T
521 HALPATIOKEE STREET
STUART FL 34994

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME TS MILLNER, PATRICIA T	<input type="checkbox"/> Delete
STREET ADDRESS 521 HALPATIOKEE STREET	
CITY-ST-ZIP STUART FL 34994	
TITLE NAME PD JERRY GITTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3883 SW OSPREY CREEK WAY	
CITY-ST-ZIP PALM CITY FL	
TITLE NAME D DOUG GOETHEL	<input type="checkbox"/> Delete
STREET ADDRESS 1804 SW GREGOR WAY	
CITY-ST-ZIP STUART FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P/T 300004586383	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -09/13/01--01008--003	
CITY-ST-ZIP *****70.00 *****70.00	
TITLE NAME ST. Lionel Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4560 SW OSCAR CT	
CITY-ST-ZIP Port St. Lucie, FL 34953	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Patricia T. Millner* 3-25-01 561 281-5891

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CR2E037 (10/00)