

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744285

1. Entity Name

PONCE INLET VOLUNTEER FIRE AND RESCUE DEPARTMENT

Principal Place of Business

4680 S PENINSULA DR
PONCE INLET FL 32127

Mailing Address

4680 S PENINSULA DR
PONCE INLET FL 32127-7008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PRESTON, GORDIS C.
4680 S. PENINSULA DRIVE
PONCE INLET FL 32019

7. Name and Address of New Registered Agent

Name KEN NUNNELLEY

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

88 JENNIFER CIR

City PONCE INLET

FL

Zip Code 32127

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS NUNNELLEY, KEN
CITY-ST-ZIP 88 JENNIFER CIR
PONCE INLET FL 32127

TITLE ☒ Delete
NAME DV
STREET ADDRESS ECHERT, CHRISTPHER
CITY-ST-ZIP 68 BEVERLY HILLS AVE
PONCE INLET FL 32127

TITLE ☐ Delete
NAME DT
STREET ADDRESS RAI, ANTHONY
CITY-ST-ZIP 4716 MONTROSE AVE
PONCE INLET FL 32127

TITLE ☒ Delete
NAME DS
STREET ADDRESS ROGERSON JR, FRANCIS C
CITY-ST-ZIP 129 OLD CARRIAGE RD
PONCE INLET FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME STEVE WILLIAMS
STREET ADDRESS 33 BEACH ST
CITY-ST-ZIP PONCE INLET, FL 32127

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

TITLE ☒ Change ☐ Addition
NAME NANCY EPPS
STREET ADDRESS 127 OLD CARRIAGE RD
CITY-ST-ZIP PONCE INLET, FL 32127

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90075 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)