

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90107 045 ****61.25

DOCUMENT # 744285

1. Entity Name

PONCE INLET VOLUNTEER FIRE AND RESCUE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**4680 S PENINSULA DR
PONCE INLET FL 32127**

**4680 S PENINSULA DR
PONCE INLET FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1867567

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

**RAIA, ANTHONY J
4680 S. PENINSULA DRIVE
PONCE INLET FL 32019**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**George McDonald
Anchor DR 32127**

☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**George McDonald
Anchor DR 32127**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
RAIA, ANTHONY
4716 MONTROSE AVE
PONCE INLET FL 32127**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**NANCY EPPS
127 OLD CARRIAGE RD
Ponice Inlet, FL. 32127**

☒ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 2002

Date

386-761-2817

Daytime Phone #

CR2E037 (9/01)