

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90096 002 ****61.25

DOCUMENT # 745005

1. Entity Name

SOUTH BEACHES VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

2550 SOUTH A1A HIGHWAY
 MELBOURNE BEACH FL 32951
 US

Mailing Address

P.O. BOX 510246
 MELBOURNE BEACH FL 32951
 US

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

NOT APPLICABLE

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

CADY, LAURIS
3 COVE ROAD - P O BOX 510246
MELBOURNE BCH FL 32951

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 PD
 NAME COBB, RON
 STREET ADDRESS 430 SPOONBILL LANE
 CITY-ST-ZIP MELBOURNE BEACH FL 32951

☐ Delete

TITLE TD
 NAME CADY, LAURIS
 STREET ADDRESS 3 COVE ROAD
 CITY-ST-ZIP MELBOURNE BEACH FL 32951

☐ Delete

TITLE SD
 NAME GOODNOUGH, PAT
 STREET ADDRESS 2580 HWY A1A - #93
 CITY-ST-ZIP MELBOURNE BCH., FL 00000 32951

☐ Delete

TITLE D
 NAME POULOS, JAMES
 STREET ADDRESS 5055 PALM DR
 CITY-ST-ZIP MELBOURNE BCH FL

☐ Delete

TITLE VD
 NAME WARDON, ROBERT
 STREET ADDRESS 170 SEAVIEW STREET
 CITY-ST-ZIP MELBOURNE BCH. FL 32951

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE V
 NAME EUGENE KLANSMAN
 STREET ADDRESS 356 LAS OLAS DRIVE
 CITY-ST-ZIP MELBOURNE BEACH FL 32951

☐ Change ☒ Addition

TITLE
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)