

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758682

1. Entity Name

NORTH PALM BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

501 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408
US

Mailing Address

POST OFFICE BOX 13071
NORTH PALM BEACH FL 33408-7071

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

65-0389579

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

GIARRUSSO, PETER
424 LIGHTHOUSE DRIVE
NORTH PALM BEACH FL 33408

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	DP	<input type="checkbox"/> Delete
NAME	GIARRUSSO, PETER	
STREET ADDRESS	424 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	OLAVARRIA, PHILLIP	
STREET ADDRESS	832 BUTTONWOOD ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEBER, CHRIS	
STREET ADDRESS	11786 LAKE SHORE PLACE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HEANEY, PATRICK	
STREET ADDRESS	332 E GOLFVIEW RD	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE PEDUZZI	
STREET ADDRESS	2153 ARDLEY CT.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danielle Haslup (Haslup)	
STREET ADDRESS	422 Harbour Road.	
CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christopher Leber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

561863-3000

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90126 002 ****61.25



DO NOT WRITE IN THIS SPACE