

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90091 010 ****61.25

DOCUMENT # 759224
 1. Entity Name
NORTH SHORES VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 3101 FIRST STREET ST. AUGUSTINE FL 32095	Mailing Address 3101 FIRST STREET ST. AUGUSTINE FL 32095-2219
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2163786**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRAHAM, KATRINA
 149 MEADOW AVE
 ST AUGUSTINE FL 32095**

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 TREASURER *KATRINA Graham* *Katrina Graham* 4-18-00
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 SD	NAME COLEE, MANDY	STREET ADDRESS 168 SURFSIDE AVE	CITY-ST-ZIP ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE D	NAME DAZY, JACK	STREET ADDRESS 519 14TH ST	CITY-ST-ZIP ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE PD	NAME VOSE, BILL	STREET ADDRESS 123 CARCABA RD	CITY-ST-ZIP ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE VD	NAME GRAHAM, JOSEPH	STREET ADDRESS 149 MEADOW AVE.	CITY-ST-ZIP ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE ID	NAME GRAHAM, KATRINA	STREET ADDRESS 149 MEADOW AVE.	CITY-ST-ZIP ST. AUGUSTINE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME GRAHAM, JOSEPH	STREET ADDRESS 149 MEADOW AVE	CITY-ST-ZIP ST. AUGUSTINE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME COLEE, FRANCIS	STREET ADDRESS 524 JULIA STREET	CITY-ST-ZIP ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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* 4-18-00 (904)824-6373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)