

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90018 047 ****70.00

C0066410

DO NOT WRITE IN THIS SPACE

DOCUMENT # 767255
1. Entity Name
 SOUTHWEST BROWARD VOLUNTEER FIRE & RESCUE, INC.

Principal Place of Business **Mailing Address**
 14481 S.W. 47th. CT. 10335 S.W. 50th. CT.
 FORT LAUDERDALE, COOPER CITY,
 FLORIDA 33330 FLORIDA 33328

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 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CHRISTENSEN, RICHARD R. SR.
 10335 S.W. 50th. CT.
 COOPER CITY, FL. 33328

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.

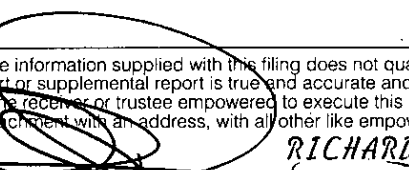
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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	CD <input type="checkbox"/> Delete
NAME	CHRISTENSEN, RICHARD R. SR.
STREET ADDRESS	10335 S.W. 50th. CT.
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete
NAME	TONA, CHARLES, SR.
STREET ADDRESS	14481 S.W. 47th. ct.
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33330
TITLE	S <input type="checkbox"/> Delete
NAME	HOLH, INGA
STREET ADDRESS	5101 S.W. 145th. AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33330
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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	
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:  **RICHARD R. CHRISTENSEN APRIL 12th. 2000** (954) 434.6888

CR2E037 (9/99)