

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90010 041 \*\*\*\*61.25

**DOCUMENT # 769016**

1. Entity Name

**VERO LAKE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

**9448 92ND STREET  
 VERO BEACH FL 32967**

**9448-82ND STREET  
 VERO BEACH FL 32967-3719**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2357237**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SEIFERT, CHARLES H.  
 8435 93RD AVE  
 VERO LAKE ESTATES FL 32967**

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

**4-5-00**

**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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARKOVITZ, MAYE Faye</b>	
STREET ADDRESS	<b>8256 98TH COURT</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, FRANCES BETZ</b>	
STREET ADDRESS	<b>9345 83RD STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SEIFERT, CHARLES H.</b>	
STREET ADDRESS	<b>8435 93RD AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIGLIO, GAETANO</b>	
STREET ADDRESS	<b>8325 93RD AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JAMES</b>	
STREET ADDRESS	<b>8156 100TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MELASI, FRED</b>	
STREET ADDRESS	<b>7920 92ND AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cathi Wilson</b>	
STREET ADDRESS	<b>98 N ELM ST</b>	
CITY-ST-ZIP	<b>Fellsmere, FL 32948</b>	
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:** *Cathi Wilson* **REQUIRE** *Cathi Wilson - Treasurer 4/5/00* **561-234-5753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)