

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001378

1. Entity Name

FLORIDA VOLUNTEER SEARCH AND RESCUE CORPS, INC.

Principal Place of Business

6020 FLAMINGO AVENUE
PORT ST. JOHN FL 32927
JSH

Mailing Address

6020 FLAMINGO AVENUE
PORT ST. JOHN FL 32927
JOHN

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. John

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3696710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLS, DEREK M
6020 FLAMINGO AVENUE
PORT ST. JOHN FL 32927
JSH

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

[Signature]

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Derek Walls, Pres. (D) ☐ Delete
6020 Flamingo Ave
Port St. John, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Christopher Sauro, VP (D) ☐ Delete
345 Belair Ave
Merritt Island, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary (D) ☐ Delete
Heidi Trentham
6020 Flamingo Ave
Port St. John, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-July-01

Date

(321) 635-9951

Daytime Phone #

FILED
Aug 08, 2001 8:00 am
Secretary of State

02-01-2001 90172 038 *****70.00

07-20-2001 90002 026 *****61.25

11061



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)