

FILED
Jun 18, 2003 8:00 am
Secretary of State

04-21-2003 90457 020 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000008379

1. Entity Name
ISLES OF CAPRI VOLUNTEER FIRE DEPARTMENT, INC.



55048951

Principal Place of Business
175 CAPRI BLVD
NAPLES FL 34113

Mailing Address
175 CAPRI BLVD
NAPLES FL 34113

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

81-0578353

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

RODRIGUEZ, EMILIO
175 CAPRI BLVD
NAPLES FL 34113

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHWARTZ, ANDREW
1128 TAHITI ST
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Andrew Schwartz
1128 Tahiti St
Naples, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
D'ALESSANDRO, EDWARD
175 CAPRI BLVD
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Edward D'Allesandro
175 Capri Blvd
Naples, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CARLEY, PATRICK
175 CAPRI BLVD
NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HADLEY, DEBORAH
175 CAPRI BLVD
NAPLES FLORIDA 34114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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, typed or printed name of signing officer on collection

3/24/03 239
389-5578

Date

Daytime Phone