

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N03314**

1. Entity Name

SUNTREE/VIERA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

400 PINEDA COURT

400 PINEDA COURT

MELBOURNE

FL

MELBOURNE

FL

32940

32940

2. Principal Place of Business

3. Mailing Address

P.O. BOX 410108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE

FL

Zip

Country

Zip

Country

32941

4. FEI Number

59-3181139

Applied For

Not Applicable

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

PATELLIS PETE DII
1051 PORPOISE DRROCKLEDGE FL
32955 US

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 **BRENDA J. THIMLAR****05/22/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATELLIS PETE DII		NAME	THIMLAR BRENDA J		
STREET ADDRESS	1051 PORPOISE DR		STREET ADDRESS	916 BERYL DR		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	ROCKLEDGE FL 32955		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY JOHN J		NAME	KELLEY JOHN J		
STREET ADDRESS	49TH SEA HORSE CIRCLE		STREET ADDRESS	1171 ROSA DR SE		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP	PALM BAY FL 32909		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERAKES DANIEL J		NAME	KEREKES DANIEL J		
STREET ADDRESS	3829 ST ARMENS CIR		STREET ADDRESS	3829 ST ARMENS CIR		
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP	MELBOURNE FL 32934		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(f), 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: DANIEL J. KEREKES

PD

05/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)