

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06089

1. Entity Name

"BREVARD COUNTY VOLUNTEER FIRE DEPARTMENT, STA. 24, INC."

Principal Place of Business

Mailing Address

C/O LEN BEAM
2280 COLUMBIA BLVD.
TITUSVILLE FL 32780-7032
US

C/O LEN BEAM
P O BOX 2288
TITUSVILLE FL 32781-2288
US

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

59-3038921

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

DRAUS, JAMES
4200 HEMLOCK LN
TITUSVILLE FL 32780

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

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 D ☐ Delete
NAME BEAM, LEN
STREET ADDRESS 2240 TALMAGE DR
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE TSD ☐ Delete
NAME DRAUS, JAMES
STREET ADDRESS 4200 HEMLOCK LN
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE T D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME RODRIGUEZ, LUIS
STREET ADDRESS 1770 WINDOVER OAKS CIRCLE #134
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S D ☐ Change ☒ Addition
NAME HALL, LOWELL
STREET ADDRESS 2917 LARKSPUR ST.
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE: JAMES DRAUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90011 043 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)