## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06089

FILED Jan 31, 2003 Secretary of State

Entity Name: "BREVARD COUNTY VOLUNTEER FIRE DEPARTMENT, STA. 24, INC."

**Current Principal Place of Business: New Principal Place of Business:** 

C/O LEN BEAM C/O JIM DRAUS 2280 COLUMBIA BLVD 2280 COLUMBIA BLVD TITUSVILLE, FL 327807032 US TITUSVILLE, FL 327807032 US

**Current Mailing Address:** New Mailing Address:

C/O LEN BEAM C/O JIM DRAUS P O BOX 2288 P O BOX 2288 TITUSVILLE, FL 327812288 US

TITUSVILLE, FL 327812288 US

FEI Number: 59-3038921 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DRAUS, JAMES 4200 HÉMLOCK LN TITUSVILLE, FL 32780 US

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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

TD

(X) Change ( ) Addition

() Delete BEAM, LEN DRAUS, JAMES Name: Name: Address: 2240 TALMAGE DR Address: 4200 HEMLOCK LANE

City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 Title: Title:

() Delete (X) Change ( ) Addition Name: DRAUS, JAMES Name: OLDEN, ALAN

Address: 4200 HEMLOCK LN Address: 3550I SABLE PALM LANE City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

Title: () Delete Title: (X) Change ( ) Addition

HALL, LOWELL Name: BACK, TEDDY Name: 2917 LARKSPUR STREET Address: Address: **6275 EMBER** City-St-Zip: ZELLWOOD, FL 32798 City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN OLDEN D 01/31/2003