

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09084

1. Entity Name

CANOVA BEACH-SOUTH PATRICK SHORES VOLUNTEER FIRE

FILED

Jul 11, 2000 8:00 am  
Secretary of State

07-11-2000 90001 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2602 NORTH A1A  
NORTH INDIAN LANTIC FL 32903

2602 NORTH A1A  
NORTH INDIAN LANTIC FL 32903-2302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2508739

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRENN, ELIZABETH L  
113 CLAIBOURNE AVE  
SATELLITE BEACH FL 32937

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	OS	<input type="checkbox"/> Delete
NAME	LLEWELLYN, ANN-MARIE	
STREET ADDRESS	113 CLAIBOURNE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHICK, ELLEN	
STREET ADDRESS	290 CORAL WAY W	
CITY-ST-ZIP	INDIAN LANTIC FL 32903	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, WENDELL	
STREET ADDRESS	405 MARLIN COVE	
CITY-ST-ZIP	PATRICK AFB FL 32925	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WRENN, ELIZABETH LEE	
STREET ADDRESS	113 CLAIBOURNE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMOND, ELLEN	
STREET ADDRESS	8880 N. WICKHAM RD, # 1601	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth Lee Wrenn 321-779-2319  
SECRETARY OF STATE  
Date: 5-1-00 Daytime Phone #

CR2E037 (9/99)