

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90067 044 *****70.00

DOCUMENT # N21715

1. Entity Name

DISTRICT I EMS COUNCIL, INC.

Principal Place of Business

2257 N BAYLEN ST
PENSACOLA FL 32501-703
US

Mailing Address

2257 N BAYLEN ST
PENSACOLA FL 32501-703
US

723157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 11065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

4. FEI Number

59-2867764

Applied For

Not Applicable

Zip

Country

Zip

Country

32504-1065

USA

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

BARNES, DANA
2257 NORTH BAYLEN STREET
PENSACOLA FL 32501-1703

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

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

Secretary
(NOTE: Registered Agent signature required when reinstating)

2-21-01

DATE

FILE NOW:

FEE IS \$61.25 + \$8.75 = \$70.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

CH 1031 R 20.00
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PERSICHINI, DOMINIC	
STREET ADDRESS	2257 N BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501-1703	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANIS, PETER	
STREET ADDRESS	2257 N BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 03	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMS, ROBERT B.	
STREET ADDRESS	2257 N BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 03	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, DANA	
STREET ADDRESS	2257 N BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501-1703	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTEN, HENRY T.	
STREET ADDRESS	2920 NORTH "L" STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, RONNIE	
STREET ADDRESS	2257 N BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 03	

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		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Dino Villani, Director
1250 North Egmont Parkway
Shelton FL 32579
2257 North Baylen St
Pensacola FL 32501-1703

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:

Robert Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01 850 429-1212
Date Daytime Phone #

CR2E037 (10/00)