

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27912

1. Entity Name

HARBOR CITY VOLUNTEER AMBULANCE SQUAD FOUNDATION ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90003 017 ***61.25

Principal Place of Business

Mailing Address

129 W. HISBISCUS BLVD 1163 Cordova St P.O. BOX 1323 1163 Cordova St.
SUITE K MELBOURNE FL 32901 MELBOURNE FL 32902 Palm Bay, FL 32909

2. Principal Place of Business

3. Mailing Address

1163 Cordova St 1163 Cordova St
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Palm Bay FL

Palm Bay, FL

Zip

32909

Country

BREVARD

Zip

32909

Country

BREVARD

4. FEI Number

51-0202410

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

BRUCE A MITCHELL/ REINMEN, HARRELL,
GRAHAM, MITCHELL & WATTWOOD P.A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

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

After September 13, 2000 min. will be \$236.25

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 GOUGELMAN, PAUL R III
STREET ADDRESS 1499 S. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE D ☐ Delete
NAME OWENS, LOUISE
STREET ADDRESS 2405 RANCHWOOD CT
CITY-ST-ZIP MELBOURNE FL

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

TITLE DVP ☒ Delete
NAME LANDFRIED, MARY
STREET ADDRESS 707 IXORA DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE ST ☒ Change ☐ Addition
NAME Dewit, Carol Lynn
STREET ADDRESS 1018 Hidden Harbor Dr H-1
CITY-ST-ZIP Melbourne, FL 32935

TITLE D ☐ Delete
NAME SANSOM, DIXIE N.
STREET ADDRESS 110 BARTON AVENUE
CITY-ST-ZIP ROCKLEDGE FL

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

TITLE DP ☐ Delete
NAME GAFFNEY, DEBORAH
STREET ADDRESS 1153 CORDOVA STREET SE
CITY-ST-ZIP PALM BAY FL

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

TITLE DV ☐ Delete
NAME PHILLIPS, THOMAS
STREET ADDRESS 215 CHALET AVE
CITY-ST-ZIP INDIALANTIC FL 32903

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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

321-253-0541

Daytime Phone #

CR2E037 (5/00)