

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 015 ****70.00

0059642

DOCUMENT # N32926

1. Entity Name

BEACON WOODS AMBULANCE FUND, INC.



Principal Place of Business

**12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667
US**

Mailing Address

**12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667
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 **59-2964641**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KNOWLES, THOMAS P
7639 GREYSTONE DR
BAYONET POINT FL 34667**

7. Name and Address of New Registered Agent

Name
Francis N. Fimmano

Street Address (P.O. Box Number is Not Acceptable)
12221 Darwood Drive

Bayonet Point, FL

34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Francis N. Fimmano, Treasurer**

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

Francis N. Fimmano 2-27-03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD MEAHL, DANIEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8702 ARROWHEAD DR BAYONET POINT FL 34667	
TITLE NAME	P WATSON, RAYMOND W	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12813 CANDLEWOOD WAY BAYONET POINT FL 34667	
TITLE NAME	SD PECK, BETTY J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12310 CAMP CREEK LANE BAYONET POINT FL 34667	
TITLE NAME	T KNOWLES, THOMAS P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7639 GREYSTONE DR BAYONET POINT FL 34667	
TITLE NAME	D KACHOLD, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13111 WESTERN CIRCLE BAYONET PT FL 34667	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	T/D Fimmano, Francis N.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	12221 Darwood Drive Bayonet Point, FL 34667	
TITLE NAME	D Meier, Helmut	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8315 Cavalry Drive Bayonet Point, FL 34667	
TITLE NAME	V/D Peck, Betty J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	12310 Camp Creek Lane Bayonet Point, FL 34667	
TITLE NAME	S/D Knowles, Thomas P. Knowles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7639 Greystone Drive Bayonet Point, FL 34667	
TITLE NAME	D Rodriguez, Ignacio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8021 Beaver Creek Lane Bayonet Point, FL 34667	
TITLE NAME	D Babiarz, Mark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8207 Edgemore Lane Bayonet Point, FL 34667	

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: *Francis N. Fimmano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03 (727) 863-1267

CP2E037 (10/02)