

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41129

1. Entity Name

FLORIDA'S IDLE RETIRED EX-SMOKE EATERS, F.I.R.E.

Principal Place of Business

10500 N. MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

Mailing Address

10500 N. MILITARY TRAIL  
PALM BEACH GARDENS FL 33410-4628

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

65-0177930

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

PALM BEACH GARDENS FIRE DEPARTMENT, INC.  
10500 N. MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

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 D ☒ Delete  
NAME ESSAY, ALBERT  
STREET ADDRESS 1014 STILLWATER DRIVE  
CITY-ST-ZIP JUPITER FL

TITLE D ☒ Change ☒ Addition  
NAME PALASEK, Joseph  
STREET ADDRESS 8457 QUAIL MEADOW WAY  
CITY-ST-ZIP WEST PALM BEACH, FL. 33412

TITLE D ☐ Delete  
NAME ZALESKI, JOSEPH  
STREET ADDRESS 2804 CROSLY DR. E.  
CITY-ST-ZIP GREENACRES CITY FL

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

TITLE S ☒ Delete  
NAME FAZIO, ALBERT M  
STREET ADDRESS 3006 SW MARIPOSA CIRCLE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE S ☒ Change ☒ Addition  
NAME CHARLES W PECORONI  
STREET ADDRESS 1004 10th La.  
CITY-ST-ZIP LAKE WORTH, FL. 33463

TITLE D ☒ Delete  
NAME KOPEJZNA, DONALD J  
STREET ADDRESS 7879 WILLOW SPRING DR  
CITY-ST-ZIP LAKE WORTH FL

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

TITLE 2VP ☒ Delete  
NAME DELGIGANTE, ROBERT  
STREET ADDRESS 101 DOLAN COURT APT 212B  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Charles W Pecoroni* CHARLES W PECORONI; 2-9-00 5614391485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #