

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90040 042 ****61.25

DOCUMENT # N92000000326

1. Entity Name

PORT ORANGE FIRE AND RESCUE BENEVOLENT FUND, INC

Principal Place of Business

Mailing Address

**1090 CITY CENTER BLVD
 PORT ORANGE FL 32119
 US**

**1090 CITY CENTER BLVD
 PORT ORANGE FL 32119
 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

59-3154469

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

**GILL, ERIC V.
 4393 RIDGEWOOD AVENUE
 SUITE 1
 PT. ORANGE FL 32127**

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	DCMS	<input type="checkbox"/> Delete
NAME	DELAMETER, ALAN	
STREET ADDRESS	1090 CITY CENTER BLVD	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDAN, FRANK T	
STREET ADDRESS	1090 CITY-CENTER BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGMAN, KENNETH D	
STREET ADDRESS	1090 CITY CENTER BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERTZ, MICHAEL L	
STREET ADDRESS	1090 CITY CENTER BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, GARY P	
STREET ADDRESS	1090 CITY CENTER BLVD	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2002 756-5440

Date

Daytime Phone #

CR2E037 (9/01)