

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

APPROVED
AND
FILED

DOCUMENT # N93000000025

02 APR 16 PM 12:52

1. Entity Name

Scottsmoor Volunteer Fire Rescue, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3724 Magoon Ave.

3. Mailing Address
P.O. Box 251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Scottsmoor FL

City & State
Scottsmoor FL

Zip
32775

Country
Brevard

Zip
32775

Country
Brevard

4. FEI Number 59-3161008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Lawrence Stewart III

Street Address (P.O. Box Number is Not Acceptable)
5620 U S Hwy 1

City Scottsmoor

FL

Zip Code
32754

**DO NOT WRITE
IN THIS SPACE**

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.

Lawrence Stewart III

4.6.02

DATE

(NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lawrence Stewart III 5620 U S Hwy 1 Mims FL 32754	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005538812--6 -05/16/02-01004-029 ****51.25 ****51.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Bortel 3455 Aurantia Rd Mims FL 32754	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas Tucker 3480 Maeber Rd. Mims FL 32754	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence Stewart III

Lawrence Stewart III

4.6.02

321.264-5020

Daytime Phone #

CR250378 (12/01)