

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90012 045 \*\*\*\*61.25

**DOCUMENT # N94000004590**

1. Entity Name

**PLEASANT GROVE FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

PO BOX 4460  
 PENSACOLA FL 32507  
 US

9350 GULF BEACH HIGHWAY  
 PENSACOLA FL 32507-9291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3280587**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AYERS, KEVIN**  
**2603 SHERMAN AVE**  
**PENSACOLA FL 32507**

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  Delete  
 NAME **S JACQUET, RON**  
 STREET ADDRESS **51 CONSTELLATION CT**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE  Change  Addition  
 NAME **S EARL WRIGHT**  
 STREET ADDRESS **1008 SOFTSHOE PL**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE  Delete  
 NAME **D GERHARDS, KARL**  
 STREET ADDRESS **2775 WELER AVE**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V SMITH, ANTHONY**  
 STREET ADDRESS **1212 PAULDING AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE  Change  Addition  
 NAME **V CHARLES CURTIS**  
 STREET ADDRESS **9350 GULF BEACH HWY**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE  Delete  
 NAME **D BEASLEY, MAXINE**  
 STREET ADDRESS **9145 GULF BEACH HWY**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SUMMERLIN, BOBBY**  
 STREET ADDRESS **10015 GULF BEACH HWY**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P AYERS, KEVIN**  
 STREET ADDRESS **2603 SHERMAN AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

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:** KARL GERHARDS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

040100  
 Date

850-433-1174  
 Daytime Phone #

CR2E037 (9/99)