

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004590

1. Entity Name

PLEASANT GROVE FIRE DEPARTMENT, INC.

Principal Place of Business

PO BOX 4460  
PENSACOLA FL 32507  
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-3280587

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

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

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

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

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

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

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

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

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

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

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

TITLE P ☐ Delete  
NAME 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)