2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000005746**

TROPICAL FARMS VOLUNTEER FIRE DEPARTMENT OF MART



Aug 24, 2000 8:00 am Secretary of State 08-24-2000 90029 014 ****61.25

FILED

Principal Place of Business			Mailing Address							
1446 S.W. TROPICAL AVE. STUART FL 34997			8446 S.W. TROPICAL AVE. STUART FL 34997-7947							
2. Principal P	Place of Busine	ess	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4 55	I Number		IAn	plied For	
City & State			City & State			EQ 04700F0			t Applicable	
Zip Country		Zip Country		5. Ce	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SALTER, R 5258 SW (PALM CITY	CHEROKEE	ST.		Name Pārsons, Rodney C. Street Address (P.O. Box Number is Not Acceptable) 50 S.W. Blackburn Terr. #8 City						
•				City	Stuart	<i></i>	FL	3499		
SIGNATURE		IOW:	od title if applicable (NOTE: F 9. Election Campaign F Trust Fund Contributi	Registered Agent signat		Be	ASUTET DATE Make Check Departmen			
10.		OFFICERS AND DIRE	CTORS	11.	ADDITIO	NS/CHANGES TO	OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goethel, 1804 S.W. Stuart fl	GREGOR WAY	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3942 S	1, Doug .W. St Lu ity, Fl 3		⊠ Change	Addition	
TITLE	DT		Delete	TITLE	DT	- 1. j. / - 1 1		☐ Change	Addition	
	Salter, R 5258 S.W. Palm City	Cherokee St.		NAME STREET ADDRESS City-St-2IP	50 S.W	s, Rodney . Blackbu , Fl 3499	rn Terr.	#8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	VER LN	Z Delete	NAME STREET ADDRESS CITY-ST-ZIP	DS Dobek, 496 S.	Alex E. Cardin . Fl 3499	al Trail	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	:		☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition	

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.

CITY-ST-ZIP

CITY-ST-ZIP

(561) 283-9679 EQUIREROdney C. Parsons Treasurer 08/18/00