

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000056

1. Entity Name

POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 30

Principal Place of Business

6525 COUNTY RD. 54
DAVENPORT FL 33837

Mailing Address

6525 COUNTY RD. 54
DAVENPORT FL 33837-8673

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, PATRICK W
262 LOMA BONITA DR.
DAVENPORT FL 33837

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNS, PATRICK	
STREET ADDRESS	262 LOMA BONITA DR	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERTRAND, PATRICK	
STREET ADDRESS	126 GREENWICH ST	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, RICHARD B	
STREET ADDRESS	732 CHALLENGER AVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK BURNS	
STREET ADDRESS	262 LOMA BONITA DR	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evans, Richard B.	
STREET ADDRESS	732 Challenger Ave.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Jeffrey E.	
STREET ADDRESS	16839 Sarah's Place #7-306	
CITY-ST-ZIP	Clermont, FL 34711	
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
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

02-16-2000 90062 026 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3286814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required