## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2002 8:00 am Secretary of State **DOCUMENT # N05158** RIFLE RANGE VOLUNTARY FIRE DEPT. INC. 04-11-2002 90084 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 118 NORTH RIFLE RANGE ROAD P.O BOX 5007 P.O.BOX 5007 ELOISE FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FOSTER, GEORGE M 1918 RIFLE RANGE RD WAHNETA FL 33880 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete (9/04) TITLE ☐ Change ☐ Addition HUNT, DENVER NAME NAME 170 VARNADOE RD. STREET ADDRESS STREET ADDRESS WAHNETA FL 33880 CITY-ST-ZIF CITY-ST-ZIP SEE Sec. Delete TITLE TITLE HUNT, MELISSA Change ☐ Addition HUNT, RANDALL J NAME NAME 802 Water WAKS Dr 126 AVE A E STREET ADDRESS STREET ADDRESS Winter HAMP 1=1 33480 CITY-ST-ZIP WAHNETA FL 33880 CITY-ST-ZIP ∽ Delete TITLE TITLE William R. DEHART Change . . Addition BRIDGES, MELISSA NAME NAME 120 4 HST E. 802 WATER OAKS DR STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-7IP Winter HAMEN Fla 33860 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition FOSTER, GEORGE M NAME 1918 RIFLE RANGE RD STREET ADDRESS STREET ADDRESS WAHNETA FL 33880 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: