

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90230 037 \*\*\*\*61.25

**DOCUMENT # N97000000701**



**1. Entity Name**  
**HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.**

**Principal Place of Business**

**Mailing Address**

**P.O. BOX 317  
HOSFORD FL 32334**

**P.O. BOX 317  
HOSFORD FL 32334**

**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 59-3446302**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SUMNER, RUDY G  
HWY 65 S  
TELOGIA FL 32360**

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. I am familiar with, and accept the obligations of registered agent.**

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LARYUS	
STREET ADDRESS	RT 1 BOX 36	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARNOLD, SHANNA	
STREET ADDRESS	PO BOX 181	
CITY-ST-ZIP	TELOGIA FL 32360	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, IVEY	
STREET ADDRESS	PO BOX 221	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, BILL	
STREET ADDRESS	PO BOX 276	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUMNER, RUDY G	
STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	TELOGIA FL 32360	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINCAID, BRAD	
STREET ADDRESS	PO BOX 506	
CITY-ST-ZIP	HOSFORD FL 32334	

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
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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)(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:**

*Signature Required*

*2-18-03 643-4318*

CR2E037 (10/02)