

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005960**

1. Entity Name

OSTEEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Principal Place of Business

**180 NORTH STATE ROAD 415
OSTEEN FL 32764**

Mailing Address

**180 NORTH STATE ROAD 415
OSTEEN FL 32764**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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	VD	<input type="checkbox"/> Delete
NAME	MAPLE, MIKE	
STREET ADDRESS	180 NORTH STATE ROAD 415	
CITY-ST-ZIP	OSTEEN FL 32764	

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWENS, STEPHEN	
STREET ADDRESS	180 NORTH STATE ROAD 415	
CITY-ST-ZIP	OSTEEN FL 32764	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BUCHANAN, JEFF	
STREET ADDRESS	180 NORTH STATE ROAD 415	
CITY-ST-ZIP	OSTEEN FL 32764	

TITLE	SD	<input type="checkbox"/> Delete
NAME	NAWKESWORTH, MELINDA	
STREET ADDRESS	180 NORTH STATE RD 415	
CITY-ST-ZIP	OSTEEN FL 32764	

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		<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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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:

Stephen G. Owens

STEPHEN G. OWENS

4-23-2001

407-328-5790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90039 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)