

# 2002 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

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

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 ☐ Delete  
NAME VD  
STREET ADDRESS MAPLE, MIKE  
CITY-ST-ZIP 180 NORTH STATE ROAD 415  
OSTEEN FL 32764

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS OWENS, STEPHEN  
CITY-ST-ZIP 180 NORTH STATE ROAD 415  
OSTEEN FL 32764

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BUCHANAN, JEFF  
CITY-ST-ZIP 180 NORTH STATE ROAD 415  
OSTEEN FL 32764

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS NAWKESWORTH, MELINDA  
CITY-ST-ZIP 180 NORTH STATE RD 415  
OSTEEN FL 32764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4-28-02

407-328-5790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED  
May 23, 2002 8:00 am  
Secretary of State

05-23-2002 90021 038 \*\*\*\*61.25