

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

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

05-19-2002 90255 035 ****61.25

DOCUMENT # 702627

1. Entity Name

LUTZ VOLUNTEER FIRE ASSOCIATION INC

Principal Place of Business

129 LAKE FERN RD
P.O. BOX 418
LUTZ FL 33548
US

Mailing Address

129 LAKE FERN RD
PO BOX 418
LUTZ FL 33548
US

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

59-2064086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOINS, JERRY
18002 LIVINGSTON AVE.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

BEN FISHER

Street Address (P.O. Box Number is Not Acceptable)

18631 GERACI RD

LUTZ, FLA

City

FL

Zip Code

33548

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

BEN FISHER, PRESIDENT OF BOARD

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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 **PD GOINS, JERRY**
STREET ADDRESS **18002 LIVINGSTON AVE.**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Delete
NAME **VPD FISHER, B**
STREET ADDRESS **18631 GERACI RD**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Delete
NAME **SD STEVENS, RANDY**
STREET ADDRESS **3609 BERGER RD**
CITY-ST-ZIP **LUTZ FL**

TITLE ☒ Delete
NAME **T FULMER, DEBORAH M**
STREET ADDRESS **4527 CANTERBURY DRIVE**
CITY-ST-ZIP **LAND O LAKES FL**

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 **VICE-PRESIDENT EARL SMITH**
STREET ADDRESS **3627 BERGER RD**
CITY-ST-ZIP **LUTZ, FLA 33548**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT FISHER, B**
STREET ADDRESS **18631 GERACI RD**
CITY-ST-ZIP **LUTZ, FLA 33548**

TITLE ☐ Change ☒ Addition
NAME **SD KATHY GREEN**
STREET ADDRESS **19218 SEA MIST LANE**
CITY-ST-ZIP **LUTZ, FLA 33558**

TITLE ☐ Change ☒ Addition
NAME **TREASURER ROBERT SORRENTINO**
STREET ADDRESS **1001 NEWBERGER RD**
CITY-ST-ZIP **LUTZ, FLA 33549**

TITLE ☐ Change ☒ Addition
NAME **WILLIAM H. HOEDT**
STREET ADDRESS **202 LUTZ LAKE FERN RD**
CITY-ST-ZIP **LUTZ, FLA 33548**

TITLE ☐ Change ☒ Addition
NAME **JOE BAMFORD**
STREET ADDRESS **1916 REBECCA RD**
CITY-ST-ZIP **LUTZ, FLA 33548**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2002 813 9492463

CR2037 (9/01)