

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90462 041 *****61.25

DOCUMENT # 702627

1. Entity Name

LUTZ VOLUNTEER FIRE ASSOCIATION INC



Principal Place of Business

**129 LAKE FERN RD
P.O. BOX 416
LUTZ FL 33548
US**

Mailing Address

**129 LAKE FERN RD
PO BOX 416
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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISHER, BEN
18631 GERACI ROAD
LUTZ FL 33548**

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	VD	<input type="checkbox"/> Delete
NAME	SMITH, EARL	
STREET ADDRESS	3627 BERGER ROAD	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHER, B	
STREET ADDRESS	18631 GERACI RD	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENS, RANDY	
STREET ADDRESS	3609 BERGER RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, KATHY	
STREET ADDRESS	19218 SEA MIST LANE	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	T	<input type="checkbox"/> Delete
NAME	SORRENTINO, ROBERT	
STREET ADDRESS	1001 NEWBERGER ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEDT, WILLIAM H	
STREET ADDRESS	202 LUTZ LAKE FERN ROAD	
CITY-ST-ZIP	LUTZ FL 33548	

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	
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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	

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

Ben Fisher 4/21/2003 813 9491710

CR2E037 (10/02)