

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705857

1. Entity Name

LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

165 W. OHIO AVENUE
PO BOX 952
LAKE HELEN FL 32744

165 W. OHIO AVENUE
PO BOX 952
LAKE HELEN FL 32744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2648552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, KATHERINE M.
452 SO EUCLID AVE
LAKE HELEN FL 32744

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME KEESLING, EVAN
STREET ADDRESS 405 OHIO AVE
CITY-ST-ZIP LAKE HELEN, FL 00000

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

TITLE D ☐ Delete
NAME CHESTER, KEITH L.
STREET ADDRESS 493 S. LAKEVIEW DR
CITY-ST-ZIP LAKE HELEN FL

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

TITLE VP ☐ Delete
NAME ROGER ECKERT
STREET ADDRESS 247 VERMONT ST.
CITY-ST-ZIP LAKE HELEN FL

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

TITLE D ☐ Delete
NAME JUDITH, JONES
STREET ADDRESS 572 JENNINGS ST.
CITY-ST-ZIP LAKE HELEN, FL 00000

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

TITLE TD ☐ Delete
NAME KEESLING, BETTY R
STREET ADDRESS 405 OHIO AVE
CITY-ST-ZIP LAKE HELEN, FL 00000

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

TITLE S ☐ Delete
NAME AMY, DAVILA
STREET ADDRESS 165 W. OHIO AVE.
CITY-ST-ZIP LAKE HELEN FL

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: *Betty R. Keesling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)