

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 706455**

1. Entity Name

THE BIG PINE KEY VOLUNTEER FIRE DEPARTMENT, INC.

FILED

01 SEP 28 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0084823

Principal Place of Business

STATE RD. 940
P.O. BOX 182
BIG PINE KEY FL 33043

Mailing Address

STATE RD. 940
P.O. BOX 182
BIG PINE KEY FL 33043

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 **59-6615011**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REYNOLDS, WILLIAM
125 CUNNINGHAM LANE
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name **William Jenkins**
Street Address (P.O. Box Number is Not Acceptable)
31566 Avenue B
City **Big Pine Key** FL Zip Code **33043**

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

**William Jenkins****9-6-01**

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
After September 12, 2001, min. will be \$236.259. 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 **DP**
NAME **REYNOLDS, WILLIAM III** ☒ Delete
STREET ADDRESS **448 CROTON LANE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE **DVP**
NAME **MCCARTHY, JOHN** ☒ Delete
STREET ADDRESS **339 SUNRISE RD**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE **VPD**
NAME **REYNOLDS, WILLIAM** ☒ Delete
STREET ADDRESS **125 CUNNINGHAM LANE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE **DS**
NAME **WHORTENBURY, JOHN** ☐ Delete
STREET ADDRESS **28556 ARICA RD**
CITY-ST-ZIP **LITTLE TORCH KEY FL 33043**TITLE **DT**
NAME **COVINGTON, TERRY** ☒ Delete
STREET ADDRESS **3832 NO NAME RD**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE **D**
NAME **DORAN, RAY** ☐ Delete
STREET ADDRESS **27973 SNAPPER LANE**
CITY-ST-ZIP **LITTLE TORCH KEY FL 33043**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **William Jenkins** **D**
STREET ADDRESS **31566 Avenue B**
CITY-ST-ZIP **Big Pine Key, FL 33043**TITLE **Vice President** ☐ Change ☒ Addition
NAME **Lester Pulley** **D**
STREET ADDRESS **29146 Hibiscus Lane**
CITY-ST-ZIP **Big Pine Key, FL 33043**TITLE **Secretary** ☐ Change ☒ Addition
NAME **Christopher Crain** **D**
STREET ADDRESS **PO Box 430047 State Rd 940**
CITY-ST-ZIP **Big Pine Key, FL 33043**TITLE **Secretary** ☒ Change ☐ Addition
NAME **John Whortenburg** **D**
STREET ADDRESS **28556 Arica Rd**
CITY-ST-ZIP **Little Torch Key, FL 33043**TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Manny Cuervo** **T**
STREET ADDRESS **3460 Tarpon Street**
CITY-ST-ZIP **Big Pine Key, FL 33043**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)