2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am Secretary of State **DOCUMENT # 706455** 1. Entity Name THE BIG PINE KEY VOLUNTEER FIRE DEPARTMENT, INC. 05-08-2002 90007 032 ****61.25 Principal Place of Business Mailing Address STATE RD. 940 STATE RD. 940 P.O. BOX 192 P.O. BOX 192 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 ! [88]|| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| [84]| 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6615011 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JENKINS, WILLIAM 31566 AVENUE B BIG PINE KEY FL 33043 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME jenkins, William NAME STREET ADDRESS 31566 AVENUE B STREET ADDRESS CITY-ST-ZIP <u>BIG PINE KEY FL 33043</u> CITY-ST-ZIP **VD** Defete TITLE ☐ Change ☐ Addition NAME PULLEY, LESTER NAME STREET ADDRESS 29146 HIBISCUS LANE STREET ADDRESS CITY-ST-ZIP <u>BIG PINE KEY FL 33043</u> CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CRAIN, CHRISTOPHER NAME STREET ADDRESS STATE RD. 940 STREET ADDRESS CITY-ST-7IP **BIG PINE KEY FL 33043** CITY-ST-ZIP TITLE SD Delete TITLE Change Addition Addition NAME WHORTENBURY, JOHN NAME STREET ADDRESS 28556 ARICA RD STREET ADDRESS CITY-ST-ZIP LITTLE TORCH KEY FL 33043 CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change Addition NAME CUERVO, MANNY NAME STREET ADDRESS 3460 TARPON STREET STREET ADDRESS CITY-ST-ZIP BIG PINE KEY FL 33043 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME DORAN, RAY NAME STREET ADDRESS 27973 SNAPPER LANE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

LITTLE TORCH KEY FL 33043

CITY-ST-ZIP

SIGNATURE AND TYPES ON PRINTED NAME OF STORTING OFFICER OR DIRECTOR

4-1-02

872-2844

Daytime Phone #