

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90028 023 ****70.00

DOCUMENT # 708802

1. Entity Name

HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**3673 E. ORANGE DR.
 HERNANDO FL 34442**

Mailing Address

**3673 E. ORANGE DR.
 HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1000876

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

**GILLUM, PAUL
 6363 N. KEEL DRIVE
 HERNANDO FL 34442**

Name

CHAD COLEMAN - CHIEF

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

2496 EAST HAYES STREET

City

INVERNESS

FL

Zip Code

34453

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]

2-19-02

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 **SD** ☒ Delete
 NAME **SOTRINES, DAVID**
 STREET ADDRESS **804 N. BENNINGTON TERRACE**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **SD** ☒ Change ☐ Addition
 NAME **BERG, KATHY H**
 STREET ADDRESS **3727 E. KIRK STREET**
 CITY-ST-ZIP **INVERNESS, FLORIDA 34453**

TITLE **VP** ☐ Delete
 NAME **SANDERS, BRIAN**
 STREET ADDRESS **4237 E. AMHERST STREET**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **VP** ☒ Change ☐ Addition
 NAME **SANDERS, BRIAN**
 STREET ADDRESS **4037 E. AMHERST STREET**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **TD** ☐ Delete
 NAME **MIANULLI, BEN**
 STREET ADDRESS **2496 E NEW HAVEN ST**
 CITY-ST-ZIP **INVERNESS FL**

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

TITLE **P** ☐ Delete
 NAME **LOWE, TIMOTHY**
 STREET ADDRESS **4150 E. LAKE PARK DRIVE**
 CITY-ST-ZIP **HERNANDO FL**

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

TITLE **QD** ☐ Delete
 NAME **SPONHOLZ, TERRY E**
 STREET ADDRESS **6745 N. CASTLEBURY RD.**
 CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (352) 726-3318
 Date Daytime Phone #

CR2E037 (9/01)