

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710317

1. Entity Name

MASARYKTOWN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

17343 BENES ROUSH RD  
MASARYKTOWN FL 34609  
US

Mailing Address

17343 BENES ROUSH RD  
BROOKSVILLE FL 34609-6924  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSCINAR, STEVE  
17343 BENES ROUSH RD  
BROOKSVILLE FL 34609

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 S ☐ Delete  
NAME MAY, NANCY  
STREET ADDRESS 17343 SQUIREL PRARE RD  
CITY-ST-ZIP MASARYKTOWN, FL 00000

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

TITLE FCD ☐ Delete  
NAME CHORVAT, DOUG  
STREET ADDRESS 1159 BROAD STREET  
CITY-ST-ZIP MASARYKTOWN, FL 00000

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

TITLE TD ☐ Delete  
NAME VOSCINAR, STEVE  
STREET ADDRESS 17343 BENES ROUSH RD  
CITY-ST-ZIP MASARYKTOWN, FL 00000

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

TITLE VPD ☐ Delete  
NAME ALEXSUK, JOHN  
STREET ADDRESS 16095 PALACKY STREET  
CITY-ST-ZIP MASARYKTOWN FL

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

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:

*Steve Voscinar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90024 021 \*\*\*\*61.25

637030



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2396665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)