

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90143 010 ****61.25

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
US**

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

59-2396665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOSCINAR, STEVE
17343 BENES ROUSH RD
BROOKSVILLE FL 34609**

7. Name and Address of New Registered Agent

Name

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

City

FL

34609

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

TITLE **S** ☐ Delete
NAME **MAY, NANCY**
STREET ADDRESS **17333 SQUIREL PRARE RD**
CITY-ST-ZIP **MASARYKTOWN, FL 00000**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

4-5-01 352/799-4186

CR2E037 (10/00)