

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 711142**

1. Entity Name

THE WINTER HAVEN FIREMEN'S ASSOCIATION INC.

Principal Place of Business

551 3RD STREET NW
P.O. BOX 2277
WINTER HAVEN FL 33883

Mailing Address

551 3RD STREET NW
P.O. BOX 2277
WINTER HAVEN FL 33883

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 **59-2899033**

Applied For

Not Applicable

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

**CONATSER, DARRELL
1904 BRUCE
LAKELAND FL 33801**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Delete
NAME **STEEN, MIKE**
STREET ADDRESS **3512 AVE 'V' NW**
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE **P** ☐ Change ☒ Addition
NAME **CONATSER, DARRELL**
STREET ADDRESS **1904 BRUCE**
CITY-ST-ZIP **LAKELAND FL 33801**TITLE **SD** ☐ Delete
NAME **TOPPER, SCOTT**
STREET ADDRESS **4087 SUGAR CREEK DR S**
CITY-ST-ZIP **LAKELAND FL 33801**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **RINGER, JUSTIN**
STREET ADDRESS **306 STEEDLY AVE**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

DARRELL CONATSER *Darrell Conatser* **2-20-02** **8631** **200-4856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)