

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90007 004 ****61.25

DOCUMENT # 712242

1. Entity Name

KISSIMMEE HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

Mailing Address

403 BUENAVENTURA BLVD.
 KISSIMMEE FL 34743
 US

P O BOX 430025
 KISSIMMEE FL 34743-0025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0001413**

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

DONAHUE, JOHN
8621 GOPHER LN
ORLANDO FL 32829

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:
FEES ARE \$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 **PD** ☐ Delete
 NAME **DONAHUE, JOHN**
 STREET ADDRESS **8621 GOPHER LAND**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Delete
 NAME **HANLON, ROBERT**
 STREET ADDRESS **3160 FARIFIELD DR.**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **TD** ☐ Delete
 NAME **HANLON, DANA**
 STREET ADDRESS **3160 FARIFIELD DR.**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **SD** ☒ Delete
 NAME **ALEMENY, DENISE**
 STREET ADDRESS **3212 BONAIRE BLVD., APT. 2311**
 CITY-ST-ZIP **KISSIMMEE 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

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME **S CHRISTIE WOOD**
 STREET ADDRESS **102 PINEWOOD CIR**
 CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ Change ☒ Addition
 NAME **D Mark Lukac**
 STREET ADDRESS **3604 Grove Ter. Dr.**
 CITY-ST-ZIP **Lakeand FL. 33613**

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

Date

Daytime Phone #

1-12-00 4073485555