

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712242

1. Entity Name

KISSIMMEE HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90265 011 ****61.25

Principal Place of Business

403 BUENAVENTURA BLVD.
KISSIMMEE FL 34743
US

Mailing Address

P O BOX 430025
KISSIMMEE FL 34743

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

59-0001413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONAHUE, JOHN
8621 GOPHER LN
ORLANDO, FL 32829

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DONAHUE, JOHN
8621 GOPHER LAND
ORLANDO FL ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WOOD, CHRISTIE
102 PINWOOD CIR
KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUKAC, MARK
3604 GROVE TERR DR
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

CR2E037 (5/01)