2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#714083

Entity Name: DOVER-TURKEY CREEK VOLUNTEER FIRE DEPARTMENT

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
3138 SYDNEY DOVER RD. PO BOX 397 DOVER, FL 33527						
Current Mailing Address:			New Maili	New Mailing Address:		
3138 SYDNEY DOVER RD. PO BOX 397 DOVER, FL 33527						
FEI Number: 59-1389794 FEI Number Applied For () FEI N			FEI Number Not Appl	umber Not Applicable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BARBARA J. CURTS 14510 WALDEN SHEFFIELD RD. DOVER, FL 33527						
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:						
Electronic Signature of Registered Agent			t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ()[SMITH, KEVIN J 1402 BUELL CT PLANT CITY, FL	33567	Title: Name: Address: City-St-Zip:	D (X) SMITH, KEVIN J 3701 S TURKEY PLANT CITY, FL	CREEK RD	
Title: Name: Address: City-St-Zip:	D ()E GAFFNEY, SCOT 4651 GLENDSID TAMPA, FL 3362	E CIRCLE	Title: Name: Address: City-St-Zip:	D (X) FLOYD, CHARL 1111 VERSANT BRANDON, FL	PLACE	
Title: Name: Address: City-St-Zip:	S () E SARANKO, JAME 5016 S. TURKEY PLANT CITY, FL	CREEK ROAD	Title: Name: Address: City-St-Zip:	S (X) WATSON, RICH 5620 TURKEY T PLANT CITY, FL	REE LANE	
Title: Name: Address: City-St-Zip:	VP () [WATSON, RICHA 3210 PROPERTY VALRICO, FL 33	/ LANE	Title: Name: Address: City-St-Zip:	VP (X) VAUGHN, BRET 5601 BUDD FAR PLANT CITY, FL	RMS LANE	
Title: Name: Address: City-St-Zip:	P () [VAUGHN, BRETT 3501 S. TURKEY PLANT CITY, FL	CREEK RD	Title: Name: Address: City-St-Zip:	P (X) SARANKO, JAM 5016 TURKEY C PLANT CITY, FL	REEK RD	
Title: Name: Address: City-St-Zip:	T ()[CARTE, BARBAR 14510 WALDEN DOVER, FL		Title: Name: Address: Citv-St-Zip:	()	Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J CARTE TREA 04/29/2002