

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 714083

FILED
May 18, 2003
Secretary of State

Entity Name: DOVER-TURKEY CREEK VOLUNTEER FIRE DEPARTMENT

Current Principal Place of Business:

3138 SYDNEY DOVER RD.
PO BOX 397
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

3138 SYDNEY DOVER RD.
PO BOX 397
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-1389794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBARA J. CURTS
14510 WALDEN SHEFFIELD RD.
DOVER, FL 33527

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, KEVIN J
Address: 3701 S TURKEY CREEK RD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: FLOYD, CHARLES L JR
Address: 1111 VERSANT PLACE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: WATSON, RICHARD D
Address: 5620 TURKEY TREE LANE
City-St-Zip: PLANT CITY, FL 33567

Title: VP () Delete
Name: VAUGHN, BRETT
Address: 5601 BUDD FARMS LANE
City-St-Zip: PLANT CITY, FL 33567

Title: P () Delete
Name: SARANKO, JAMIE
Address: 5016 TURKEY CREEK RD
City-St-Zip: PLANT CITY, FL 33567

Title: T () Delete
Name: CARTE, BARBARA
Address: 14510 WALDEN SHEFFIELD
City-St-Zip: DOVER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 CARTE

T

05/18/2003

Electronic Signature of Signing Officer or Director

_____ Date