

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714336

1. Entity Name

ASTOR VOLUNTEER FIRE DEPARTMENT, INC.

FILED

Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90354 040 ****61.25

Principal Place of Business

Mailing Address

55936 BLUE CREEK RD
P.O. BOX 134
ASTOR FL 32102

55936 BLUE CREEK RD
P.O. BOX 134
ASTOR FL 32102

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

NOT APPLICABLE

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

BELLEW, NANCY
23935 PANTHER ROAD
ASTOR FL 32102

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME ROWLAND, JAN
STREET ADDRESS ERMINE ROAD
CITY-ST-ZIP ASTOR FL

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

TITLE D ☐ Delete
NAME RUNKIS, EILEEN
STREET ADDRESS OTTER ROAD
CITY-ST-ZIP ASTOR FL

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

TITLE D ☐ Delete
NAME MCKEETON, BETH
STREET ADDRESS CHERRY TREE RD
CITY-ST-ZIP ASTOR FL

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

TITLE P ☐ Delete
NAME BELLEW, NANCY
STREET ADDRESS 23935 PANTHER ROAD
CITY-ST-ZIP ASTOR FL 32102

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

TITLE T ☐ Delete
NAME HUFFMASTER, DONALD
STREET ADDRESS BOBCAT ROAD
CITY-ST-ZIP ASTOR FL

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

TITLE D ☐ Delete
NAME NOSACK, ANTHONY
STREET ADDRESS 55745 KEITH ST
CITY-ST-ZIP ASTOR FL 32102

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:

Donald Huffmaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02
Date

352 759 2260
Daytime Phone #

CR2E037 (9/01)