

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721493

1. Entity Name

CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

5302 W. THONOTOSASSA
PO BOX 1303
PLANT CITY FL 33565-8425

Mailing Address

P.O. BOX 1303
PLANT CITY FL 33564-1303

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

59-1720887

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

WALKER, GERALD
4811 W BOOTH RD
PLANT CITY FL 33566

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

TITLE ☐ Delete

NAME -
WALKER, RHONDA D
STREET ADDRESS
4811 W. BOOTH RD.
CITY-ST-ZIP
PLANT CITY, FL 33565

TITLE ☐ Delete

NAME
BUTI, DAVID
STREET ADDRESS
1246 TERRACE DRIVE
CITY-ST-ZIP
PLANT CITY, FL 33565

TITLE ☐ Delete

NAME
COLLINS, DORCAS
STREET ADDRESS
4635 W KNIGHTS GRIFFIN RD
CITY-ST-ZIP
PLANT CITY FL

TITLE ☐ Delete

NAME
HIMELRIGHT, DARLENE
STREET ADDRESS
4609 MILEY RD
CITY-ST-ZIP
PLANT CITY FL 33565

TITLE ☐ Delete

NAME
WALKER, GERALD
STREET ADDRESS
4811 W. BOOTH RD.
CITY-ST-ZIP
PLANT CITY, FL 33565

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Rhonda D Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90066 001 ****61.25



DO NOT WRITE IN THIS SPACE

007683

CR2E037 (9/01)

1/7/02 813-757-3915