

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722005

1. Entity Name

SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90015 038 ****61.25

Principal Place of Business

Mailing Address

25054 NE COUNTY RD. 316
P.O. BOX 5108
SALT SPRINGS FL 32134-108
US

25054 NE COUNTY RD. 316
P.O. BOX 5108
FT. MCCOY FL 32134-5108

2. Principal Place of Business

25054 NE County Road 316

3. Mailing Address

25054 NE County Road 316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SALT SPRINGS FL

City & State

SALT SPRINGS FLA

4. FEI Number

23-7206215

Applied For

Not Applicable

Zip

32134

Country

MARION

Zip

32134

Country

MARION

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

COMSTOCK, NAN B
24940 NE 136TH LN
SALT SPGS FL 32134

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 ☐ Delete
NAME COMSTOCK, NAN B.
STREET ADDRESS 24940 NE 136TH LANE
CITY-ST-ZIP SALT SPRINGS FL

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

TITLE ☐ Delete
NAME PRES
STREET ADDRESS CARFAGNO
CITY-ST-ZIP 21280 NE 150TH STREET
SALT SPRINGS FL 32134

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS LIEBL, RUTH
CITY-ST-ZIP 14370 NE 209 TERR. RD.
SALT SPRINGS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HARPOLD, JAMES
CITY-ST-ZIP 12631 NE 243 AVE
SALT SPRINGS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, SALLY
CITY-ST-ZIP 15175 NE 248 AVE. RD.
FT MCCOY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PAYTON, ETHEL
CITY-ST-ZIP 25242 N.E. 137TH PL
SALT SPRINGS FL

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:

Nan B. Comstock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 7, 2000 352
685-0676

CR 017-00000