

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90017 026 ****61.25

DOCUMENT # 722005

1. Entity Name

SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

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

Mailing Address

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

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 **23-7206215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

July 19-2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

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:

Signature required

July 19 2001

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CR2E037 (5/01)