

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723102

1. Entity Name

RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90020 050 ****70.00

Principal Place of Business

Mailing Address

4000 S.W. DEEPWATER COURT
DUNNELLON FL 34431

4000 S.W. DEEPWATER COURT
DUNNELLON FL 34431-3818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3100614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKERELL, AVONELLE R ESQ.
1250 S.W. SHOREWOOD DR
DUNNELLON FL 34431

Name

THOMAS CALVERLEY

Street Address (P.O. Box Number is Not Acceptable)

20176 SW AUDUBON AVE

City

DUNNELLON

FL

Zip Code

34431

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

THOMAS CALVERLEY

Thomas Calverley

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 **P** ☐ Delete
NAME **CORCORAN, DANIEL P**
STREET ADDRESS **20394 SW AUDUBON AVE**
CITY-ST-ZIP **DUNNELLON FL**

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

TITLE **V** ☒ Delete
NAME **PINZON, NELSON A**
STREET ADDRESS **2647 SOUNDVIEW DR**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **V** ☒ Change ☐ Addition
NAME **DAVID BARKER**
STREET ADDRESS **23443 SW BEACH BLVD.**
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE **S** ☒ Delete
NAME **JACQUEIN, JOHN W**
STREET ADDRESS **4221 SW BEGONIA CT**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **S** ☒ Change ☐ Addition
NAME **CAROLEE KINNEY**
STREET ADDRESS **1756 ADMIRAL LANDING DR**
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE **T** ☒ Delete
NAME **BAUM, HARRY N**
STREET ADDRESS **20195 SW PLANTATION ST**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **T** ☒ Change ☐ Addition
NAME **THOMAS CALVERLEY**
STREET ADDRESS **20176 SW AUDUBON AVE**
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE **CD** ☒ Delete
NAME **WIERZBINSKI, LEON**
STREET ADDRESS **23488 SW MARINE BLVD**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **CD** ☒ Change ☐ Addition
NAME **WILLIAM JENKINS**
STREET ADDRESS **9951 SE 136 TERRACE**
CITY-ST-ZIP **DUNNELLON FL 34431**

TITLE **D** ☐ Delete
NAME **O'REILLY, FRANCIS**
STREET ADDRESS **2652 SW VIBURNAM RD**
CITY-ST-ZIP **DUNNELLON 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:

Thomas Calverley
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00
Date

352 489-8360
Daytime Phone #

CR2E037 (9/99)