

DOCUMENT # 723102

1. Entity Name

RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC

**FILED**
Feb 06, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

RAINBOW LAKES ESTATES VOL FIREDEPT
3105 SW IVY PL
RAINBOW LAKES ESTATE FL 344313105 SW IVY PL.
RAINBOW LAKES ESTATES FL 34431

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESCOTT, SHARON
24343 NW ASPEN LANE
DUNNELLON FL 34431

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 20079. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BARRY	
STREET ADDRESS	2311 SW PARADISE HGTS RD.	
CITY- ST- ZIP	DUNNELLON FL 34431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	NOLLER, MICHAEL	
STREET ADDRESS	3489 SW IVY	
CITY- ST- ZIP	DUNNELLON FL 34431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	WESCOTT, SHARON	
STREET ADDRESS	24343 NW ASPEN LANE	
CITY- ST- ZIP	DUNNELLON FL 34431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	HITT, JOSEPH	
STREET ADDRESS	22400 S.W. NEPTUNE BLVD	
CITY- ST- ZIP	DUNNELLON FL 34431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	HANS, JOSEPH	
STREET ADDRESS	8830 S.W. 200 CIRCLE	
CITY- ST- ZIP	DUNNELLON FL 34431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	AC	<input type="checkbox"/> Delete
NAME	O'REILLY, FRANCIS	
STREET ADDRESS	2652 SW V1 BURNNUM RD	
CITY- ST- ZIP	DUNNELLON FL 34431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Joe Davis Chief

2/5/07 352-489-7639