

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90125 015 ****61.25

DOCUMENT # 723102

1. Entity Name

RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business

LAKE ESTATES VOL. FIRE DEPT.
3105 SW IVY PL
RAINBOW LAKES ESTATE FL 34431 - 3427

Mailing Address

3105 SW IVY PL
RAINBOW LAKES ESTATES FL 34431

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 **59-3100614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALVERLEY, THOMAS
20176 SW AUDUBON AVE
DUNNELLON FL 34431

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

SIGNATURE

Thomas Calverley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW: FEE IS \$61.25

9. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CORCORAN, DANIEL P	
STREET ADDRESS	20394 SW AUDUBON AVE	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARKER, DAVID	
STREET ADDRESS	BEACH BLVD. 23443	
CITY-ST-ZIP	RAINBOW LAKES ESTATES FL 34431	
TITLE	S-SEYDLO	<input type="checkbox"/> Delete
NAME	SEYPLO, PAMELA	
STREET ADDRESS	22997 SW TIGER LAKE BLVD.	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALVERLEY, THOMAS	
STREET ADDRESS	20176 SW AUDUBON AVE	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACKET, GARY	
STREET ADDRESS	1756 ADMIRAL LANDING 34431	
CITY-ST-ZIP	RAINBOW LAKES ESTATES FL 34461	
TITLE	CD	<input type="checkbox"/> Delete
NAME	O'REILLY, FRANCIS	
STREET ADDRESS	2652 SW VIBURNAM RD	
CITY-ST-ZIP	DUNNELLON FL 34431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-03

(352) 484 8360

Date

Daytime Phone #

CR20037 (10/02)