

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723558

1. Entity Name

MAGNOLIA VALLEY VOLUNTEER FIREMEN, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90036 004 ****61.25

Principal Place of Business

7800 MASS.AVENUE
P. O. BOX 1625
NEW PORT RICHEY FL 34656-1625

Mailing Address

P O BOX 1625
NEW PORT RICHEY FL 34656-1625
US

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 59-2719211

Applied For

Not Applicable

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

BURFORD, MICHAEL F.
6738 PARKSIDE DR.
NEW PORT RICHEY FL 34653

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 P
NAME BURFORD, MICHAEL ☐ Delete
STREET ADDRESS 6738 PARKSIDE DR.
CITY-ST-ZIP NEW PT. RICHEY FL

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

TITLE V
NAME DOWNEY, FRANK ☐ Delete
STREET ADDRESS 7415 CAY DR
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE SD
NAME FRENCH, NEIL ☐ Delete
STREET ADDRESS 7348 BIMINI DR
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE T
NAME BURFORD, PATSY ☐ Delete
STREET ADDRESS 6738 PARKSIDE DR
CITY-ST-ZIP NEW PT RICHEY FL

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

TITLE D
NAME DOW, JAMIE ☐ Delete
STREET ADDRESS 2230 SOFIA DR
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D
NAME BURFORD, SCOTT ☐ Delete
STREET ADDRESS 6738 PARKSIDE DR.
CITY-ST-ZIP NEW PT. RICHEY 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:

Michael Burford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02 (927)846-1111

CR2E037 (9/01)