

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725254

1. Entity Name

KINARD VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90062 030 ****61.25

Principal Place of Business

Mailing Address

P O BOX 142
KINARD FL 32449

P O BOX 142
KINARD FL 32449-0142

2. Principal Place of Business

3. Mailing Address

5382 SW SR 73

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kinard FL

City & State

4. FEI Number

23-7411587

Applied For

Not Applicable

Zip

32449

Country

USA

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

DANIELS, DOYLE F.
HWY 73 SOUTH
KINARD FL 32449

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 D ☐ Delete
NAME NEWSOME, RALPH
STREET ADDRESS HWY 73 SOUTH
CITY-ST-ZIP KINARD, FL 00000 32449

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

TITLE D ☐ Delete
NAME DANIELS, KENNETH
STREET ADDRESS JA DANIELS RD
CITY-ST-ZIP KINARD, FL 00000

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

TITLE D ☐ Delete
NAME RICH, JAMIE
STREET ADDRESS HWY 73 S
CITY-ST-ZIP KINARD FL 32449

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

TITLE MD ☐ Delete
NAME DANIELS, DOYLE F.
STREET ADDRESS HWY 73 SOUTH
CITY-ST-ZIP KINARD, FL 00000

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

TITLE D ☐ Delete
NAME YON, JOEL
STREET ADDRESS HWY 392 RR1 BOX 7720
CITY-ST-ZIP KINARD, FL 00000

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

TITLE D ☐ Delete
NAME NEWSOME, J.K.
STREET ADDRESS HWY 392 W
CITY-ST-ZIP KINARD, FL 00000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

850-639-5011

Date

Daytime Phone #

CR2E037 (9/99)