

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**  
 03-30-2001 90333 020 \*\*\*\*61.25

0094866

**DOCUMENT # 725254**

1. Entity Name

**KINARD VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

5382 SW SR 73  
 KINARD FL 32449  
 US

P O BOX 142  
 KINARD FL 32449

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

**23-7411587**

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

**DANIELS, DOYLE F.**  
**HWY 73 SOUTH**  
**KINARD FL 32449**

Name

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

**4966 SW John Daniels Road**

City

**Kinard**

FL

Zip Code

**32449**

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	<input checked="" type="checkbox"/> Delete
NAME	NEWSOME, RALPH	
STREET ADDRESS	HWY 73 SOUTH	
CITY-ST-ZIP	KINARD, FL 00000 32449	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, KENNETH	
STREET ADDRESS	JA DANIELS RD	
CITY-ST-ZIP	KINARD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICH, JAMIE	
STREET ADDRESS	HWY 73 S	
CITY-ST-ZIP	KINARD FL 32449	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DANIELS, DOYLE F.	
STREET ADDRESS	HWY 73 SOUTH	
CITY-ST-ZIP	KINARD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	YON, JOEL	
STREET ADDRESS	HWY 392 RR1 BOX 7720	
CITY-ST-ZIP	KINARD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWSOME, J.K.	
STREET ADDRESS	HWY 392 W	
CITY-ST-ZIP	KINARD, FL 00000	

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pitts, Gerald	
STREET ADDRESS	10385 SW CR 392	
CITY-ST-ZIP	Kinard, FL 32449	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Skipper, Johnny	
STREET ADDRESS	5256 SW Johnny Skipper Road	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rushing, Lucious	
STREET ADDRESS	8225 SW CR 12	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4966 SW John Daniels Road	
CITY-ST-ZIP	Kinard, FL 32449	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6260 SW Clayton Shiver Road	
CITY-ST-ZIP	Kinard FL 32449	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Skipper, Jonathan	
STREET ADDRESS	5256 SW Johnny Skipper Road	
CITY-ST-ZIP	Youngstown, FL 32466	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

**3/28/01**

Date

**639-5011**

**639-2292**

Daytime Phone #

CR2E037 (10/00)