

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725254

1. Entity Name

KINARD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

5382 SW SR 73  
KINARD FL 32449  
US

Mailing Address

P O BOX 142  
KINARD FL 32449

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7901 SW Monroe Johnson Rd

Suite, Apt. #, etc.

Kinard, FL

City & State

Zip

32449

Country

USA

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

DANIELS, DOYLE F.  
4966 SW JOHN DANIELS RD  
KINARD FL 32449

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.

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

TITLE D  
NAME PITTS, GERALD  
STREET ADDRESS 10385 SW CR392  
CITY-ST-ZIP KINARD FL 32449 ☐ Delete

TITLE D  
NAME SKIPPERS, JOHNNY  
STREET ADDRESS 5256 SW JOHNNY SKIPPER RD  
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

TITLE D  
NAME RUSHING, LUCIOUS  
STREET ADDRESS 8255 SW CR12  
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

TITLE MD  
NAME DANIELS, DOYLE F.  
STREET ADDRESS 4966 SW JOHN DANIELS RD  
CITY-ST-ZIP KINARD FL 32449 ☐ Delete

TITLE D  
NAME YON, JOEL  
STREET ADDRESS 6260 SW CLAYTON SHIVER RD  
CITY-ST-ZIP KINARD FL 32449 ☐ Delete

TITLE D  
NAME SKIPPER, JOHATHAN  
STREET ADDRESS 5256 SW JOHNNY SKIPPER  
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5256 SW Johnny Skipper Rd  
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: Doyle F. Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 850-639-5011

Date Daytime Phone #

CR2E037 (9/01)

0084010

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90008 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE