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 suppliemental 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 report as provided 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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WEDER, RICK ST

TRENTON, FL 32693

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IUINES, JAMES

MI CUMBER HERK RYZ BY 189 A

RT3 BOX 619 Trantow, FL 32693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

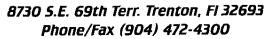
Lug vot 2001 352 4633050

CR2E037 (1

☐ Addition



## Waccasassa Fire Rescue





6 August 2001

Mr. Jay Kassees
Director Division of Corporations
Florida Department of State
P O Box 6327
Tallahassee, Fl 32314

Dear Mr. Kassees,

Thank you for your time in discussing the re-instatement of our fire department, enclosed you will find our check for the filing fees in the amount of \$375.00.

Also we never received a notice of dissolution from the division and are requesting that you waive the reinstament fee. As discussed with San Kassees, Annual Report notices were not received

Your time and considerations that you have given to us in answering our questions is greatly appreciated as is your waving the fee.

Thank you.

Sincerely

James Lyines

Chief