

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726958

1. Entity Name

WACCASSASA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

8730 SW 69TH TERR  
TRENTON FL 32693

Mailing Address

P.O. BOX 1093  
TRENTON FL 32693

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BIVENS, STEVE M  
8899 S.E. 66TH CIRCLE  
TRENTON FL 32693

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 P ☐ Delete  
NAME IVINES, JAMES A  
STREET ADDRESS RT 3 BOX 619  
CITY-ST-ZIP TRENTON FL 32693

TITLE DV ☐ Delete  
NAME BURROUGHS, DAVID  
STREET ADDRESS 7380 SE 85TH TRAIL  
CITY-ST-ZIP TRENTON FL 32693

TITLE ST ☒ Delete  
NAME YOUNGE, STEVE  
STREET ADDRESS 9020 SE 66 CIRCLE  
CITY-ST-ZIP TRENTON FL 32693

TITLE D ☒ Delete  
NAME MARTIN, GARY  
STREET ADDRESS 9020 SE 66 CIRCLE  
CITY-ST-ZIP TRENTON FL 32693

TITLE D ☐ Delete  
NAME WEDER, RICK  
STREET ADDRESS 1029 S MAIN ST  
CITY-ST-ZIP TRENTON FL 32693

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☒ Change ☐ Addition  
NAME CLYDE FORBES  
STREET ADDRESS 305 N. MAIN ST  
CITY-ST-ZIP TRENTON, FL 32693

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

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 REQUIRED WEDER

09 JAN 2002 2102 352-463-6188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 15, 2002 8:00 am  
Secretary of State

01-15-2002 90084 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1970643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/01)