

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90153 036 ****61.25

DOCUMENT # 727889

1. Entity Name

PASCO VOLUNTEER FIREFIGHTER'S ASSOCIATION, INCORPORATED (PVFA)

Principal Place of Business

Mailing Address

34212 CNTY RD. 44B
 EUSTIS FL 32726-7217
 US

34212 CNTY RD. 44B
 EUSTIS FL 32726-7217
 US

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

59-6520770

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

HENDRICKS, DOUG
 2506 CHERRY BLOSSOM CT
 EUSTIS FL 32726

Name **DON WALTON**

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

500 LAKES FOREST BIRCLE

City

MOUNT DORA

FL

Zip Code

32757

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 *Donald E. Walton*
 Signature, typed or printed name of registered agent and title if applicable.

President
 (NOTE: Registered Agent signature required when reinstating)

3-12-02
 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 **SD** ☐ Delete
 NAME **DOUG HENDRICKS**
 STREET ADDRESS **2506 CHERRY BLOSSOM CT**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **SD** ☐ Change ☒ Addition
 NAME **MAUDIE GREEN**
 STREET ADDRESS **PO BOX 655**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **TD** ☒ Delete
 NAME **ORTIZ, DAN**
 STREET ADDRESS **1015 E 11TH AVE**
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE **TD** ☐ Change ☒ Addition
 NAME **GLORIA L. CORBET**
 STREET ADDRESS **16035 UMATILLA PL**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **PD** ☐ Delete
 NAME **WALTON, DON**
 STREET ADDRESS **500 LAKES FOREST CIR**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE **VPD** ☐ Delete
 NAME **LINDHURST, JAMES JR**
 STREET ADDRESS **631 E 11TH AVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **VPD** ☐ Change ☐ Addition
 NAME **THOMAS HOWARD**
 STREET ADDRESS **1335 ELRAY BLVD**
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Donald E. Walton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-12-02
 Date

352-383-7346
 Daytime Phone #

CR2E037 (9/01)