

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90018 045 \*\*\*\*61.25

DOCUMENT # **732587**

1. Entity Name

**ORANGE SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 5  
 P O BOX 5  
 ORNAGE SPRINGS FL 32182

P. O. BOX 5  
 P O BOX 5  
 ORNAGE SPRINGS FL 32182

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1921144**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~Sensenig~~  
**SENSERVIG, BEVERLY D**  
**11515 N E 225TH PL**  
**ORANGE SPRINGS FL 32182**

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**

**After September 12, 2001, min. will be \$236.25**

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  Delete  
 NAME **CARPENTER, AUDREY**  
 STREET ADDRESS **22696 N E 130TH COURT ROAD**  
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE  Change  Addition  
 NAME **President Vern Lumm**  
 STREET ADDRESS **197 Indian Lk Rd**  
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE  Delete  
 NAME **HANCOCK, BUFORD**  
 STREET ADDRESS **11515 N E 225TH ST**  
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE  Change  Addition  
 NAME **Jo Lumm**  
 STREET ADDRESS **197 Indian Lk Rd**  
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE  Delete  
 NAME **KAHL, PATTY**  
 STREET ADDRESS **22056 N E 130TH RD**  
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE  Change  Addition  
 NAME **Debbie Greene**  
 STREET ADDRESS **13333 NE 228th Lane Rd**  
 CITY-ST-ZIP **FT McCoy FL 32184**

TITLE  Delete  
 NAME **SENSENIG, EUGENE**  
 STREET ADDRESS **11515 NE 225TH PLACE**  
 CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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:

**ROGNATI BERNARDI**

7/18/01

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