

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90396 016 ****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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SENSENIG, BEVERLY D
 11515 NE 225TH PL
 ORANGE SPRINGS FL 32182~~

JANET S. WARREN
PO BOX 559
ORANGE SPRINGS FL 32182

Name

JANET S. WARREN

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

9847 E Hwy 318

PO BOX 5

City

ORANGE SPRINGS

FL

Zip Code

32182

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

Harold N. Warren
 Signature typed or printed name of registered agent and title if applicable.

Treasurer
 (NOTE: Registered Agent signature required when reinstating)

4-10-02

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 Delete
 NAME **P LUMM, VERN**
 STREET ADDRESS **197 INDIAN LK. RD.**
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE Change Addition
 NAME **P HAROLD N. WARREN**
 STREET ADDRESS **9847 E Hwy 318, PO BOX 559**
 CITY-ST-ZIP **ORANGE SPRINGS, FL 32182**

TITLE Delete
 NAME **T LUMM, JO**
 STREET ADDRESS **197 INDIAN LK RD**
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE Change Addition
 NAME **VP VERN LUMM**
 STREET ADDRESS **197 INDIAN LKS RD**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Delete
 NAME **D GREENE, DEBBIE**
 STREET ADDRESS **3333 NE 228TH LANE RD.**
 CITY-ST-ZIP **FORT MC COY FL 32134**

TITLE Change Addition
 NAME **S Debbie Greene**

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

TITLE Change Addition
 NAME **T JANET WARREN**
 STREET ADDRESS **PO BOX 559, 9847 E Hwy 318**
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D JO LUMM**
 STREET ADDRESS **197 INDIAN LAKE RD**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Rick Kresge**
 STREET ADDRESS **23850 130 CT RD NE**
 CITY-ST-ZIP **FORT MC COY FL 32134**

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:

Harold N. Warren
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

352-546-2426

Date

Daytime Phone #

CR2E037 (9/01)